Application form for

Death Benefits under the Occupational Injuries Scheme





You need a Personal Public Service Number (PPS No.) before you apply. How to complete this application.

- Please use this page as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions** that apply to you.

Widow, Widower or Surviving Civil Partner complete **Parts 1 to 6** of this form. When form is completed, read **Part 7** and sign declaration in **Part 1**.

Orphan's Pension complete **Parts 1 to 5**. When form is completed, read **Part 7** and sign declaration in **Part 1**.

Funeral Grant complete **Parts 1 to 5**. When form is completed, read **Part 7** and sign declaration in **Part 1**.

If you need any help to complete this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

For more information, log on to www.welfare.ie.

Important:

You must apply within **3 months** of the date of death, otherwise you may lose payment.

You must enclose a death certificate with this application.

How to fill in first page of this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

	rease see example below.																			
1.	Your PPS No.:	1	2	3	4	5	6	7	T											
2.	Title: (insert an 'X' or specify)	Mr.			Mrs	5. X		Ms				C	Othe	er						
3.	Surname:	M	U	R	P	Н	Y													
4.	First name(s):	M	Α	U	R	E	E	N												
	Your first name as it appears on your birth certificate:	M	Α	R	Y															
6.	Birth surname:	M	С	D	Ε	R	M	0	Т	Т										
7.	Your date of birth:	2	8		0	2		1	9	7	0									
		D	D	1	M	M	ı	Υ	Υ	Υ	Υ	ı								
																			_	
8.	Your mother's birth surname:	K	Ε	L	L	Y														
8.		K	E	L			act	De	eta	ils										
8.		K	E	L		nt	act	De	eta	ils										
		1	E	L N			act	Do	eta T	ils R	E	E	Т							
	surname:		L		Co	nt	act 0					E	T							
	surname:	1		N	Co	ont W		S	Т			E								
	surname:	1	L	N D	Co	w T	0	S	Т	R	E 0	W		de						
9.	Your address:	1 O D	L	N D	Cc E E	w T G	O A	S W L	Т	R	E 0	W	N	de E	R	В	0	X		
9.	Your address: County	1 O D	L O O	N D N	E E E	w T G	O A A	S W L	T N	R	E	W	N tco		R	В	0	X		
9.	Your address: County	1 O D	L O O	N D N	E E E	w T G	O A A	S W L L	T N	R	E	W	N tco		R	B	0	X		
9.	Your address: County	1 O D D	L O O N	N D N N	E E E	W T G G N	O A A U	S W L L	T N B	R T	E O R	W	N tco	E						

SAMPLE

ОХ

Application form for

Social Welfare Services OB 61

Data Classification R



Death Benefits under the Occupational Injuries Scheme

Pa	art 1	Yo	ur (W C	n d	leta	ils												
1.	Your PPS No.:																		
2.	Title: (insert an 'X' of specify)	r Mr.		Mrs.		٨	1s. [C	the	er							
3.	Surname:																		
4.	First name(s):																		
5.	Your first name as it appears on your birt certificate:	1																	
6.	Birth surname:																		
7.	Your date of birth:	D D		M	M		′ Y	Y	Υ										
8.	Your mother's birth surname:																		
				Con	tac	t D	etai	ls											
9.	Your address:																		
	Co	ounty																	
	Pos	tcode																	
10	Your telephone num	nber:												M	0	BII	LE		
														L	AN	D	LH	NE	
11.	Your email address:																		
				De	ecla	rat	ion												
an tha pro	eclare that the inform y of the information I at I will be required to osecuted. I undertake nich may affect my cor	or i om t oartr	f I fa he I nen	il to Dep	dis artn	clo: nen	se a It an	ny r ıd tl	ele hat	vant I ma ciro	t inf ay b cum	form e istai	natio	on,					
							Da	te:) D)	N	\ \	1	2 Y	2 C) ′ Y	Y	
	Signature (not block letters	:)																	

Part 1 continued	Your own details	
12. What country were you born in?		
13. Are you?	Single	Cohabiting
	Married	In a Civil Partnership
	Separated	A surviving Civil Partner
	Divorced	A former Civil Partner
	Widowed	(you were in a Civil Partnership that has since been dissolved)
14. If you are married, in a civi	l partnership or a civil union or co	ohabiting, from what date?
	D D M M Y Y Y Y	
	Please attach your marriage certiunion registration certificate (we	
15. Are you the Personal Repre	esentative of the deceased?	
	Yes No	
If 'No', are you the next of	kin?	
	Yes No	
If 'Yes', how are you related	d to the deceased?	
If 'No', do you have permis	sion from the next of kin to apply	for the Funeral Grant?
	Yes No	
If 'Yes', attach a letter of aut	horisation from the next of kin.	
16. Are you responsible for pay	ying the funeral bill?	
,	Yes No	
If 'No', do you have permis	 sion from the next-of-kin to apply	for a Funeral Grant?
	Yes No	
If 'Yes', attach a letter of aut	horisation from the person respons	ible for paying the funeral expenses.
17. Please state the Death Ber	nefit(s) that you are claiming for:	
	Death Benefit (Widow/Widowe	er's or Surviving Civil Partner) Pensior
	Death Benefit (Orphan's) Pens	sion
	Death Benefit Funeral Grant	

Part 2(A) Complete this part if the deceased person was aged 18 or over. 19. Their PPS No.: 20. Their surname: 21. Their first name(s):	Part 1 continued		
Part 2(A) Details of deceased person(s) Complete this part if the deceased person was aged 18 or over. 19. Their PPS No.: 20. Their surname:		Your own details	
Complete this part if the deceased person was aged 18 or over. 19. Their PPS No.: 20. Their surname:	18. If you have not applied with reason(s) why.		
19. Their PPS No.: 20. Their surname:			
20. Their surname:	Part 2(A)	Details of deceased person(s)	
	Part 2(A) Complete this part if the de	-	
21. Their first name(s):	Complete this part if the de	-	
	Complete this part if the de	-	
22. Their birth surname:	Complete this part if the de 19. Their PPS No.: 20. Their surname:	-	
23. Their address:	Complete this part if the de 19. Their PPS No.: 20. Their surname: 21. Their first name(s):	-	
	Complete this part if the decay of the decay of the surname: 20. Their surname: 21. Their first name(s): 22. Their birth surname:	-	
	Complete this part if the decay of the decay of the surname: 20. Their surname: 21. Their first name(s): 22. Their birth surname:	-	
	Complete this part if the decay of the decay of the surname: 20. Their surname: 21. Their first name(s): 22. Their birth surname:	-	
24. Their date of birth:	Complete this part if the decay of the decay of the surname: 20. Their surname: 21. Their first name(s): 22. Their birth surname:	-	

what date?

25.If they were married or in a civil partnership, from

Please attach their marriage certificate or civil partnership or civil union registration certificate (we do not accept photocopies).

26. What date did they die?



Attach the original death certificate.

Details of deceased person(s)

		Yes				lo								
If 'Yes', please state:														
Their occupation:														
Employer's name:														
Employer's address:														
														Ī
														Ī
														Ī
.Did they die because of a	a wor	k-rela	ted	acci	deni	7							!	_
.Did they die because of t		Yes	tcu		_	lo								
If 'Yes', please state:														
When the accident happened:	D	D	M	M		Y	Y	Y	Y					
Time accident happened:		:			ar	n or	pm							
Where the accident happened?					1									
What they were doing at the time of the accident?														
How the accident														
happened?														

Part 2(A) continued	Deta	ails of	dece	ased	pe	rsc	on((s)							
29. Did they die because of a	work-rela	ated dis	ease?												
If 'Yes', please state: Name of disease:															
Cause of disease:															
30. Were they getting Disable	ement Pe	nsion at	the tim	e of t	heir	dea	th?								
Part 2(B)	Deta	ails of	dece	ased	pe	rsc	on((s)							
If you are applying for orphan's other parent			fit for	Orph	an's	pe	nsi	on,	giv	⁄e	det	ail	s o	f th	ie
31. Their PPS No.:															
32.Title: (insert an 'X' or specify)	Mr.	Mrs.	Ms			C	the	r [
•	Mr.	Mrs.	Ms	5. []		C)the	er [
specify)	Mr.	Mrs. [Ms			C	Othe	r [
specify) 33.Their surname:	Mr.	Mrs. [Ms			C	Othe	er [
specify) 33.Their surname: 34.Their first name(s):	Mr. D	Mrs. [Y Y			Othe	er [
specify) 33.Their surname: 34.Their first name(s): 35.Their birth surname:					Y		Othe	er [
specify) 33.Their surname: 34.Their first name(s): 35.Their birth surname: 36.Their date of birth:							Othe	er [
specify) 33.Their surname: 34.Their first name(s): 35.Their birth surname: 36.Their date of birth:					Y		Othe	er [
specify) 33.Their surname: 34.Their first name(s): 35.Their birth surname: 36.Their date of birth:					Y		Othe								
specify) 33.Their surname: 34.Their first name(s): 35.Their birth surname: 36.Their date of birth:			Y				Othe	er [

Part 3	Details of your qualified child(ren)
40.Do you wish to apply for Orphan's Pension?	Yes No
If 'Yes', please fill in details	s on Q41.
41.Do you wish to apply for qualified child(ren)?	Yes No
If 'Yes', how many are und	er 18 and between 18-22 in full time education.
	under age 18 aged 18 - 22 in full-time education
You must attach written c	onfirmation from the school or college for the children aged 18 - 22.
Please state child's:	Child 1
Surname:	
First name(s):	
PPS No.:	
Date of birth:	D D M M Y Y Y Y
Are they living with you?	Yes No
	Child 2
Surname:	
First name(s):	
PPS No.:	
Date of birth:	D D M M Y Y Y Y
Are they living with you?	Yes No
	Child 3
Surname:	
First name(s):	
PPS No.:	
Date of birth:	D D M M Y Y Y Y
Are they living with you?	Yes No
	Child 4
Surname:	
First name(s):	
PPS No.:	
Date of birth:	D D M M Y Y Y Y
Are they living with you?	Yes No

Note: A separate sheet of paper can be used for details of other children you have.

Other payments

Living Alone Increase

You may get a Living Alone Increase if you are aged 66 or over, getting a Widow's, Widower's or Surviving Civil Partner (Contributory) Pension or Death Benefit under the Occupational Injuries Scheme and live alone or mainly alone.

Log on to www.welfare.ie for more information.

2.If you wish to claim a L	iving Alone Increase, please state:
Date you started living alone:	D D M M Y Y Y Y
	Fuel Allowance
his allowance is means to a household can get thi	ested and is subject to your household composition. Only one persor s allowance.
3.Do you wish to apply fo	or a Fuel Allowance?
	Yes No
If 'No', please go to Par	t 5.
If 'Yes', please complete	e fully the remainder of this section.
4.Your details:	
Gross weekly income:	€ , a week
	This includes all earnings such as, pensions from both their previous employment and their late spouse's employment.
Total savings/ investments:	€
Value of property: (other than family home)	€
Rent from this property: (other than family home)	€
Profit from business:	€a year

Note: You may be asked to supply documentary evidence of all income.

Part 4 continued

Other payments

45.The following persons liv	ve with me.
------------------------------	-------------

arms remembers persons		Person	n 1															
Name:																		
PPS No.:																		
Gross weekly income:	€						a	we	ek									
		This in emplo												h th	eir	prev	viou	IS
Total savings/investments:	€					[
Value of property: (other than family home)	€																	
Rent from this property: (other than family home)	€						a	we	ek									
Profit from business:	€			,].[a	ye	ar							
		Person	12															
Name:																		
PPS No.:																		
Gross weekly income:	€				[a	we	ek									
		This in emplo												h th	eir	prev	viou	IS
Total savings/investments:	€],		[,						
Value of property: (other than family home)	€]								
Rent from this property: (other than family home)	€				[a	we	ek									
Profit from business:	€								a	ye	ar							
		Person	ո 3															
Name:																		
PPS No.:												ı	-					l
Gross weekly income:	€				٦		a	we	ek									
		This in emplo												h th	eir	prev	viou	IS
Total savings/investments:	€],														
Value of property: (other than family home)	€																	
Rent from this property: (other than family home)	€						a	we	ek									
Profit from business:	€								a	ye	ar							

a year

Part 5

Your payment details

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below.

Financial Institution

You will find the	ne f	ollo	win	g de	etail	s pr	inte	d or	า sta	aten	nen	ts fr	om	you	r fir	nanc	cial	inst	ituti	on.
Name of financial institution:																				
Address of financial institution:																				
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):																				
Name(s) of account holder(s):																				
Name 1:																				
Name 2 (if any):																				
				P	ost	O	ffic	ce												
Please enter below the name payment.	and	l ad	ldre	ess (of th	ne p	ost	off	ice	wh	ere	yoı	ı wi	sh t	to c	olle	ect	you	r	
Post office name and address:																				
If you are unable to collect or (known as an agent) to do so		_											d yc	ou v	van	t so	me	one	e els	se
Your agent's name:)	, p.			,k						₽•								
Your agent's address:																				
Tour agent's address.																				
																				<u> </u>
								Da	ate:	L	D	D	L	M	M		2 Y	0 Y	Y	Y
Your Signature (not block letters)													,	VI	1 V L					
I agree to act as agent for the For more information, log on							rt 1	an	d I	am	awa	are	of r	ny (obli	gat	ion	s.		
								Da	ate:				Γ				2	0		
										_	D	D		M	M	_	Y	Υ	Y	Y
Signature of agent (not block letters)																			

Divorce or annulment details

46.Have you ever been divorced or had a civil partnership dissolved? Yes No																				
		Yes	•				No													
If 'Yes', please attach a cop Dissolution.	y o	f the	e D	ecr	ee A	\bs	olut	te, I	Dec	ree	of	Div	orc	e or	^r De	ecre	e o	f		
If 'Yes', was the divorce/di	ssol	utio	n g	gran	ited	in	the	Rej	oub	lic	of I	rela	and	?						
		Yes	,				No													
If 'No', please state: The surname of the spouse from whom you are				T									T		<u> </u>					
divorced or your former civil partner:																				
Their first name:																				
Country they was born in:																				
Date you married or entered a civil partnership with them:	D	D		М	M		Y	Y	Υ	Y										
Country in which you were married or entered a civil partnership:																				
Date divorce or dissolution proceedings started:	D	D		М	M		Y	Y	Υ	Y										
Country you were living when divorce or dissolution proceedings started:																				
Country this spouse or civil partner lived in when divorce or dissolution proceedings started:																				
Have you remarried or enterpartnership?	red	into	a c	civil	part	ne	rshi	p siı	nce	you	ır d	ivo	rce (or d	isso	luti	on c	of ci	vil	
paratorstip.		Yes	;				No													

D .		4 •	1
Part	h	continu	ed

Divorce or annulment details

7. Was your late spouse/civi	l partne	er ever	divor	ced o	r in	ар	rev	iou	s ci	vil p	art	tneı	shi	p?			
	Ye	·S		No													
If 'Yes', please attach a copy of the Decree Absolute, Decree of Divorce or Decree of Dissolution.																	
If 'Yes', was the divorce or dissolution granted in the Republic of Ireland?																	
	Ye	:S		No													
If 'No', please state:																	
The surname of the spouse																	
from whom they were divorced or their former civil partner:														<u></u>			
Their spouse's/civil partner's first name:																	
Country their spouse/civil partner was born in:																	
Date your late spouse/civil partner married/entered into a civil partnership with them:		M	M	Υ	Y	Y	Y										
Country in which they																	
were married or entered a civil partnership:																	
Date divorce or dissolution proceedings started:	D D	M	M	Υ	Y	Y	Y										
Country your late																	
spouse/civil partner lived in when their																	
divorce/dissolution proceedings started:																	
Country their spouse/civil partner lived in when their																	
divorce/dissolution proceedings started:																	
Did your late spouse/civil p divorce/dissolution?	artner i	remarr	y or er	nter ir	nto a	a civ	/il p	artı	ners	hip	sin	ce t	heir	•			
	Ye	S		No													
8. Have you ever obtained a	State a	nnulm	ent?														
	Ye	es.		No													
If 'Yes', please attach a copy of the order granting the annulment.												t.					
9. Has your spouse/civil partner ever obtained a State annulment?																	
	Ye	es.		No													
	If 'Yes'	, pleas	e atta	ich a	сор	y o 1	f th	e oı	rder	gra	anti	ing	the	an	nulı	nen	t.

Have you enclosed the following?

Remember in all cases to send a death certificate with your application. Original certificates only.

- Your birth certificate
- Your marriage certificate or civil partnership or civil union registration certificate
- Divorce Decree (Decree Absolute) certificate or Decree of Dissolution of civil partnership
- Your spouse's or civil partner's birth certificate
- Your spouse's or civil partner's death certificate.
- Copy of order granting annulment
- Your child(ren)'s birth certificate(s) (if applying for an increase for them).

 Note: No birth certificate is needed if you are already getting Child Benefit for these children.
- Letter from school or college

You must attach written confirmation from the school or college confirming that any child(ren) aged 18 - 22 listed in **Part 3** of this form are in full time eduction.

If you are claiming for Fuel Allowance, please make sure that you have you fully completed Questions 43 to 45 in Part 4.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

Send this completed application form to:

Disablement Benefit Section

Social Welfare Services Government Buildings Ballinalee Road Longford

Telephone: (043) 334 0000 LoCall: 1890 92 77 70

If calling from outside the Republic of Ireland please call + 353 43 334 0000

Note

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

Data Protection Statement

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

0K 05-18 Edition: May 2018