



Application for PAYMENT OF A SUPPLEMENTARY PENSION (SUPP 1)

Please read the Supplementary Pension Information note carefully.

Complete this form using BLOCK CAPITALS.

Surname:

First name(s):

Your PPSN:

Your Pension number:

1. I wish to make an application for payment of Supplementary Pension.
2. I have read the Supplementary Pension Information Note.
3. I accept the Terms and Conditions on which this payment is authorised.
4. I enclose the required certification from the Department of Employment Affairs and Social Protection.

(tick whichever category applies to your current circumstances (a, b or c))

Category	Required Documentation	Tick as appropriate
a) Persons Under age 66	Certificate must be completed in respect of Jobseekers Benefits. I attach a Certificate (Form Supp. 4), completed by the Department of Employment Affairs & Social Protection regarding my entitlements, if any, to Jobseekers Benefits.	<input type="checkbox"/>
b) Persons Over age 66	Certificate must be completed in respect of State Contributory Pension. I attach a Certificate (Form Supp. 5), completed by the Department of Employment Affairs & Social Protection regarding my entitlements, if any, to the State Pension (Contributory).	<input type="checkbox"/>
c) Persons retiring on Medical Grounds	Certificate must be completed in respect of Illness Benefit and Invalidity Pension. I attach a Certificate (Form Supp. 3), completed by the Department of Employment Affairs & Social Protection regarding my entitlements, if any, to Illness Benefit and Invalidity Pension.	<input type="checkbox"/>

5. I understand that the Department of Education and Skills will NOT pay Supplementary Pension if I fail to claim Social Welfare benefits to which I am entitled.
6. I declare that I am not employed, or self-employed, in any capacity which involves the payment of a PRSI Contribution.
7. I undertake to notify Pension Unit of the Department of Education and Skills by post or by email if I:
 - Obtain employment
 - Become liable as a self-employed person for the payment of PRSI contributions
 - Become eligible for any of the following payments from the Department of Employment Affairs & Social Protection:
(Jobseeker's Benefit; Illness Benefit; Invalidity Pension; State Pension (Contributory))



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8. I accept that it is my responsibility to consult with the Department of Employment Affairs & Social Protection regarding potential benefit and state pension entitlements.
9. I agree to submit all information as outlined in the Information Note and this application form and also any other information that may be requested from time to time by the Department of Education and Skills in relation to the continuing payment of Supplementary Pension at the appropriate level.
10. I understand that if I am paid Supplementary Pension for a period during which I am not entitled to receive it, I am liable to refund this money to the Department of Education and Skills and, in the event of my death, the Department may recover any outstanding amount from my estate.
11. I authorise the Department of Education and Skills to verify relevant information related to me with the Revenue Commissioners and the Department of Employment Affairs & Social Protection if required to ensure appropriate payment of pension benefits.
12. I have read and understand the Data Protection Privacy Statement as published hereunder.

Signature: _____

Date: _____

Data Protection Privacy Statement

The main purpose for which the Department of Education and Skills requires the personal data provided by you is to assess the eligibility for and process the payment of a Supplementary pension, and for the accounting and auditing of public monies. It will be used to establish whether or not you have sought and/or are being awarded or refused a payment from the Department of Employment Affairs and Social Protection which will have an impact on your application to this Department for a Supplementary pension.

In order to process your benefits correctly, the personal data provided by you may be exchanged with the Department of Employment Affairs and Social Protection, the Office of the Revenue Commissioners, or by law, or where you have had previous public sector service with any Government Department/Public Service body, if necessary, with their relevant Pension Scheme Administrator.

The privacy notice outlining further information in relation to this form can be found at :

<https://www.education.ie/en/Education-Staff/Services/Retirement-Pensions/Teaching-Staff/data-protection/data-protection-and-your-pension.html>

Full details of the Department's data protection policy setting out how we will use your personal data or that of your child's data as well as information regarding your rights as a data subject are available at: <https://www.education.ie/en/The-Department/Data-Protection/>

Details of this policy and privacy notice are also available in hard copy from the address below upon request.

Completed forms should be returned to:

Pension Unit
Department of Education and Skills
Cornamaddy
Athlone
Co. Westmeath
N37 X659

Email: pensions@education.gov.ie

Website: www.education.ie

Telephone: 090 648 4189