Application form for
Invalidity Pension

How to complete this application form.
• Please tear off this page and use 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.
• You need a Personal Public Service Number (PPS No.) before you apply.

If you do not have a spouse, civil partner or cohabitant
If you do not have a spouse, civil partner or cohabitant fill in Parts 1, 2, 3, 4 and 5 as they apply to you. When the form is completed, read Part 8 and sign declaration in Part 1.

If you have a spouse, civil partner or cohabitant
If you have a spouse, civil partner or cohabitant please fill in Part 1, 2, 3, 4, 5, 6 and 7 as they apply to you. When the form is completed, read Part 8 and sign declaration in Part 1.

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

LoCall: 1890 92 77 70 (from the Republic of Ireland only)

or

Telephone: +353 43 334 0000 (from Northern Ireland or overseas)

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

For more information, log on to [www.welfare.ie](http://www.welfare.ie).
How to fill in first page of this form

To help us in processing your claim:

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

Please see example below.

1. Your PPS No.: 1 2 3 4 5 6 7 T
2. Your title: (insert an ‘X’ or specify) Mr. ☐ Mrs. ☒ Ms. ☐ Other ☐
3. Your surname: M U R P H Y
4. Your first name(s): M A U R E E N
5. Your first name as it appears on your birth certificate: M A R Y
6. Your birth surname: M C D E R M O T T
7. Your mother’s birth surname: K E L L Y
8. Your date of birth: 2 8 0 2 1 9 7 0 D D M M Y Y Y Y

Contact Details

9. Your address: 1 N E W S T R E E T
OL D T O W N
C O D O N E G A L

10. Your telephone number: 0 8 6 1 2 3 4 5 6 7 M O B I L E
0 1 7 0 4 3 0 0 0 L A N D L I N E

11. Your email address: M M U R P H Y @ W E L F A R E . I E
Application form for Invalidation Pension

Part 1

<table>
<thead>
<tr>
<th>Your own details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Your PPS No.:</td>
</tr>
<tr>
<td>2. Your title: (insert an ‘X’ or specify) Mr. [ ] Mrs. [ ] Ms. [ ] Other [ ]</td>
</tr>
<tr>
<td>3. Your surname:</td>
</tr>
<tr>
<td>4. Your first name(s):</td>
</tr>
<tr>
<td>5. Your first name as it appears on your birth certificate:</td>
</tr>
<tr>
<td>6. Your birth surname:</td>
</tr>
<tr>
<td>7. Your mother’s birth surname:</td>
</tr>
<tr>
<td>8. Your date of birth: D D M M Y Y Y Y</td>
</tr>
</tbody>
</table>

Contact Details

| 9. Your address: |
| 10. Your telephone number: |
| MOBILE |
| LANDLINE |
| 11. Your email address: |

Declaration

I declare that all the information I give on this form is accurate.
I will tell the Department when my means or circumstances change.

Signature (not block letters) Date: D D M M Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.
### Part 1 continued

**Your own details**

12. Are you?  
- Single  
- Married  
- Separated  
- Divorced  
- Widowed  
- Cohabiting  
- In a Civil Partnership  
- A surviving Civil Partner  
- A former Civil Partner  
- (you were in a Civil Partnership that has since been dissolved)

13. If you are married, in a civil partnership or cohabiting, from what date?  

| D | D | M | M | Y | Y | Y | Y |

14. What country were you born in?  

15. Do you live on an island off the coast of Ireland?  
- Yes  
- No

If ‘Yes’, please state name of this island:

16. What is your illness or incapacity?  

17. What date did this illness or incapacity start?  

| D | D | M | M | Y | Y | Y | Y |

### Part 2

**Your work and claim details**

18. If you are getting any payment from this Department or the Health Service Executive (for example, Supplementary Welfare Allowance), please state:

- Name of payment:
- Your claim or reference number:
- Amount: € ___ , ____. ___ a week

19. If you are not getting a payment, are you signing for ‘credits’, or are you sending in medical certificates for ‘credits’?  
- Yes  
- No

‘Credits’ are special contributions, similar to PRSI contributions, that the Department may give to people claiming certain social welfare payments. These ‘credits’ help to protect entitlements to benefits and pensions in the future.

If ‘Yes’, please continue to do so until you receive further notice.
20. If you are getting a pension or allowance from another country, please state:

Name of country: 

Your claim or reference number: 

Amount: € _________, __________. __________ a week

Please attach your most recent payslip or letter from the Social Security Agency confirming the above amount.

21. If you are getting any other private or occupational pension or allowance, please state:

Who pays this pension: 

Your claim or reference number: 

Amount: € _________, __________. __________ a week

Please attach your most recent payslip or letter from the people who pay you confirming the above amount.

22. Where did you last work?

Employer’s name: 

Employer’s address: 

Job title: 

Date you started working there: D __ M __ Y __ Y __ Y __ Y

Date you finished working there: D __ M __ Y __ Y __ Y __ Y

If you left employment within the last year you must send in a P45 or a letter from your last employer.

Are you related to this employer? Yes No

If ‘Yes’, how are you related
### Your work and claim details

**23. Are you currently in work or doing a course?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employment</td>
<td>Voluntary work</td>
</tr>
<tr>
<td></td>
<td>Educational course (VTOS for example)</td>
<td>Rehabilitative or training course</td>
</tr>
<tr>
<td></td>
<td>Rehabilitative or therapeutic employment</td>
<td>Other (please specify in the space provided)</td>
</tr>
</tbody>
</table>

**What date did you start this employment, scheme or course?**

<table>
<thead>
<tr>
<th>D</th>
<th>D</th>
<th>M</th>
<th>M</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
<th>Y</th>
</tr>
</thead>
</table>

**Who do you work for or what course are you doing?**

(Insert an 'X' or specify)

- Employment
- Voluntary work
- Educational course (VTOS for example)
- Rehabilitative or training course
- Rehabilitative or therapeutic employment
- Other (please specify in the space provided)

**Address:**

<p>| | | | | | | | |</p>
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**Employer’s or course centre’s telephone number:**

**How many hours a week do you work or attend course?**

<table>
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<tr>
<th>Hours a week</th>
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</thead>
</table>

**How much are you paid for this work, scheme or course?**

€ | gross pay a week

*Please attach a recent payslip.*

‘Gross pay’ is your pay before deductions such as tax, PRSI or union fees:

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**24. Are you or have you ever been self-employed?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

‘Self-employed’ is where you work for yourself and includes farming.

If ‘Yes’, please state:

- Type of business you have or you had:
- Registered number of business:
- Date you started your self-employment:
  | D | D | M | M | Y | Y | Y | Y |
- Date you finished being self-employed (if applicable):
  | D | D | M | M | Y | Y | Y | Y |
Part 2 continued

Your work and claim details

25. If you have ever lived or been employed outside the Republic of Ireland, please specify the
details below. We will notify other countries covered by EU Regulations or Bilateral
Agreements that you may be entitled to a pension from them.

Country: ____________________________
Employer’s name: ____________________
Employer’s address: ____________________

Your social insurance number while there: ________________

Date you started working there: ___________ ___________ ___________ ___________ ____________________
Date you finished working there: ___________ ___________ ___________ ___________ ____________________

Type of work: ____________________________

Note: A separate sheet of paper can be used for more details if needed.

26. If you own, work or rent a farm or land, please state:

Size of farm or land: ____________________ acres

Net yearly income or rent from farm or land: ________________

‘Net yearly income’ is money you have made from the farm after
deducting operating expenses.

27. If you own a farm or land but do not work it, please state who works the farm:

Their surname: ____________________________
Their first name(s): ____________________________
Their address: ____________________________
Part 3  Your payment details

You can get your payment at your local post office or direct to your current, deposit or savings account in a financial institution. Please complete one option below.

Post Office

Post Office address:

If you are unable to collect or cash your payment at the post office and you want someone else (known as an agent) to do so for you.

Your agent’s name:

Your agent’s address:

Date:  2 0

Your Signature (not block letters)

I agree to act as agent for the person named in Part 1.

Signature of agent (not block letters)

Financial Institution

You will get the following details printed on statements from your financial institution.

Name of financial institution:

Sort code:

Account number:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):
Part 4  Details of your qualified child(ren)

28. How many children do you wish to claim for?

- [ ] under age 18
- [ ] age 18 - 22 in full-time education

You must attach written confirmation from the school or college for the children aged 18 - 22

Please state child’s:

<table>
<thead>
<tr>
<th>Surname:</th>
<th>First name(s):</th>
<th>PPS No.:</th>
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</table>

29. Are all of these children living with you?

- [ ] Yes
- [ ] No

If ‘No’, you can use a separate sheet of paper for the details.

Part 5  Other payments

Living Alone Increase

You may get a Living Alone Increase if you live alone or mainly alone.

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

30. If you wish to claim a Living Alone Increase, please state:

Date you started living alone or mainly alone:  [ ] [ ] [ ] [ ]
This allowance is means tested and is subject to your household composition. Only one person in a household can get this allowance.

31. Do you wish to apply for a Fuel Allowance?

☐ Yes  ☐ No

If ‘No’, please go to Part 6.
If ‘Yes’, please complete fully the remainder of this section.

32. Your details.

Total weekly income: €  

Please provide documentary evidence for all other income other than that stated already on this form.

Total savings/investments: €  

Please provide documentary evidence for all of these savings and investments.

Value of property (other than family home): €  

Please provide documentary details for all other properties you have including address and valuation.

Rent from all property (other than family home): € a week

Please provide documentary details of all rents from other property.

Have you any other income such as maintenance:  ☐ Yes  ☐ No

If ‘Yes’, please provide documentary evidence.

33. The following persons other than my spouse, civil partner, cohabitant or children that I am claiming an increase for live with me.

Person 1

Name:  

PPS No.:  

Gross weekly income: €  

Total savings/investments/property value: (not family home)

Profit from business: € a year

Person 2

Name:  

PPS No.:  

Gross weekly income: €  

Total savings/investments/property value: (not family home)

Profit from business: € a year
### Part 6

**Your spouse’s, civil partner’s or cohabitant’s details**

34. Their PPS No.:

35. Their title: (insert an ‘X’ or specify)
   - Mr. 
   - Mrs. 
   - Ms. 
   - Other

36. Their surname:

37. Their first name(s):

38. Their birth surname:

39. Their mother’s birth surname:

40. Their date of birth:
   
   D  D  M  M  Y  Y  Y  Y

41. Their address:

   Only answer this question if you are married, in a civil partnership or civil union and do not live together.

### Part 7

**Your spouse’s, civil partner’s or cohabitant’s work and claim details**

42. Do you wish to claim an increase for your spouse, civil partner or cohabitant?
   
   - Yes
   - No

   If ‘No’, please go to Part 8.

   If ‘Yes’, please complete fully the remainder of this section.

43. If they are employed or self-employed (including earnings from farming or renting land), please state:
   
   Gross income: **€  ,  ,  ,  ,  ,  ,  ,  , a week**

   Please provide documentary evidence.

44. If they have income from any other source, such as an occupational pension, please state:
   
   Gross income: **€  ,  ,  ,  ,  ,  ,  ,  , a week**

   Please provide documentary evidence.

45. If they are getting or have applied for any payment(s) from this Department or from the Health Service Executive, please state:
   
   Name of payment:

   Amount: **€  ,  ,  ,  ,  ,  ,  ,  , a week**

46. If they are getting a pension or allowance from another country, please state:
   
   Name of country:

   Their claim or reference number:

   Amount (in euros): **€  ,  ,  ,  ,  ,  ,  ,  , a week**
Part 7 continued

47. If they are paying maintenance, please state:
   Amount: € __________, __________. __________ a week

48. If they are receiving maintenance, please state:
   Amount: € __________, __________. __________ a week

49. If they own stocks, shares or investments, please state:
   Their value: € __________, __________. __________

50. If they have savings in a financial institution, please state:
   Amount of savings: € __________, __________. __________

51. If they own property, other than their home including a farm or land, please state:
   Market value of property: € __________, __________. __________

52. If this property is rented out, please state:
   Rental income: € __________, __________. __________ a week

Please provide documentary evidence.

Part 8

Checklist

Have you enclosed the following?

— Your P60 for the last full tax year you worked or a letter from your last employer (if you were employed for that year)

— Letter from school or college (if you have child(ren) aged between 18 and 22 who are in full-time education)

— All documents asked for when completing this form.

If born, married, entered into a civil partnership or civil union outside the Republic of Ireland:

— Your birth certificate
— Your marriage certificate, civil partnership or civil union certificate
— Your spouse’s, civil partner’s or cohabitant’s birth certificate (if applying for an increase for them)
— 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.

Original certificates only.

Please remember to sign the declaration in Part 1.

Send this completed application form to:

Invalidity Pension Claims Section
Social Welfare Services
Government Buildings
Ballinalee Road
Longford

Data Protection and Freedom of Information

We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

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