



# 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.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	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									
	O	L	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											
	MOBILE																				
	0	1	7	0	4	3	0	0	0												
	LANDLINE																				
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E			

# SAMPLE



## 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:

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16. What is your illness or incapacity?

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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:

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Your claim or reference number:

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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 D M M Y Y Y Y

Date you finished working there:     
D D M 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





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:        
 D D M M Y Y Y Y

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

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 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:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

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](http://www.welfare.ie).

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

Date you started living alone or mainly alone:

D D

M M

Y Y Y Y



Fuel Allowance

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 details

34. Their PPS No.:

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35. Their title: (insert an 'X' or specify)

Mr.

Mrs.

Ms.

Other

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36. Their surname:

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37. Their first name(s):

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38. Their birth surname:

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39. Their mother's birth surname:

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40. Their date of birth:

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D D

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M M

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Y Y Y Y

41. Their address:

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

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## 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: € 

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 a week

Please provide documentary evidence.

44. If they have income from any other source, such as an occupational pension, please state:

Gross income: € 

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 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:

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Amount: € 

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 a week

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

Name of country:

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Their claim or reference number:

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Amount (in euros): € 

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 a week



## Part 7 continued

## Your spouse's, civil partner's or cohabitant's work and claim details

### 47. If they are paying maintenance, please state:

Amount: €  ,  .  a week

Please provide documentary evidence.

### 48. If they are receiving maintenance, please state:

Amount: €  ,  .  a week

Please provide documentary evidence.

### 49. If they own stocks, shares or investments, please state:

Their value: €  ,  .

Please provide documentary evidence.

### 50. If they have savings in a financial institution, please state:

Amount of savings: €  ,  .

Please provide documentary evidence.

### 51. If they own property, other than their home including a farm or land, please state:

Market value of property: €  ,  ,  .

Please provide documentary evidence.

### 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.

