



# Application form for Invalidity Pension

## How to complete application form for Invalidity Pension.

- 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. If a question does not apply to you, please leave the answer area blank.
- You need a Personal Public Service Number (PPS No.) before you apply.

### If you do not have a spouse or partner:

If you do not have a spouse or partner 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 or partner:

If you have a spouse or partner 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









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).

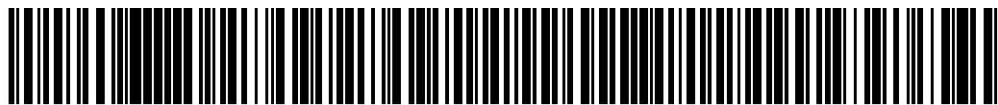
30. If you wish to claim a Living Alone Increase, please state:

Date you started living alone or mainly alone:

D D

M M

Y Y Y Y





## Part 6

## Your spouse's or partner's 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 and do not live together.

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## Part 7

## Your spouse's or partner's work and claim details

42. Do you wish to claim an increase for your spouse or partner?

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 your spouse or partner is getting or has 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



**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 or married outside the Republic of Ireland:**

- **Your birth certificate**
- **Your marriage certificate**
- **Your spouse's or partner'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  
Department of Social Protection  
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.

