



# Irish benefits under the agreement on social security between Ireland and New Zealand

## How to complete application form for Irish benefits under the agreement on social security between Ireland and New Zealand.

- 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. 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.
- Log on to [www.welfare.ie](http://www.welfare.ie) for more information.

If you need any help to complete this form, please contact International Records, Department of Social and Family Affairs, tel: + 353 1 704 3000 or the Ministry of Social Development, New Zealand.

## How to fill in first page of this form

To help us in processing your claim:

- Print letters and numbers clearly.
- Use one character per box.

Please see example below.

1. Your PPS No.:

1	2	3	4	5	6	7	T		
---	---	---	---	---	---	---	---	--	--

2. Title: (insert an 'X' or specify)

Mr.  Mrs.  Ms.  Other

3. Surname:

M	U	R	P	H	Y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. 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. 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	1	7	0	4	3	0	0	0											
L	A	N	D	L	I	N	E												
0	8	6	1	2	3	4	5	6	7										
M	O	B	I	L	E														

11. Your email address:

M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

# SAMPLE



**12. Are you?**

- Single       Widowed       Remarried       Divorced  
 Married       Cohabiting       Separated

**13. Do you wish to claim?**

Tick (✓) one of the appropriate boxes

- State Pension (Transition) Payable at age 65       State Pension (Contributory) Payable 66  
 Invalidity Pension       Widow's or Widower's (Contributory) Pension  
 Guardian's Payment (Contributory)       Bereavement Grant

**14. What is your Ministry of Social Development, New Zealand reference number?**

**15. If you worked in Ireland before 1979, fill in your Social Insurance number or addresses you lived at while employed at that time.**

Your Social Insurance number:

--	--	--	--	--	--	--	--	--	--

Address:




Address:




**16. Please give details of your employment in Ireland in the table below.**

Employer's name and address (in Ireland)	Dates you worked there:		Occupation
	From	To	

**Only complete this part if your spouse or partner is living. If you are widowed, please go to Part 3.**

Your **spouse** is your husband or wife, including a spouse divorced from you.

Your **partner** is a man or woman who lives with you as husband or wife but is not married to you.

**Please state:**

Mr.  Mrs.  Ms.  Other \_\_\_\_\_  
Please specify

**17. What is your spouse's or partner's full name?**

Surname  
First name(s)

**18. What is their birth surname, if different?**

**19. If you do not live together, where do they live?**

Address

**20. What is their date of birth?**

Day   Month     Year

**Please attach their Birth Certificate if you are claiming an Increase for a Qualified Adult for them. There is no need to send in a certificate if the birth occurred within the Republic of Ireland.**

**21. Was your spouse or partner ever divorced?**

Yes  No

**22. What is their Irish PPS No.?**

**Please tick (✓) which person, if any, you wish to claim an increase for and answer questions 23 to 31.**

my spouse  my partner  my divorced spouse

**Note: An Increase for a Qualified Adult is a means-tested payment based on the means of your spouse or partner.**

**23. What country was your spouse or partner born in?**

**24. Are you supporting them?**

Yes  No

**25. If you live apart, how much maintenance do you give them, if any?**

€ a week or month **NZ \$ a week or month**

**26. Are they in employment (either full-time or part-time)?**

Yes  No

**If 'Yes', please state:**

Who they work for:

Employer's name  
Address

**Their gross earnings:**  
Gross earnings are earnings before tax or any other deductions.

€ a week **NZ \$ a week**

**Please attach payslips for the last six weeks of employment.**

## 27. Are they self-employed?

 Yes       No

## If 'Yes', please state:

Their gross earnings

€  a yearNZ \$  a year

Gross earnings are earnings before tax or any other deductions.

## 28. Are they getting or have they applied for any payment(s) from the Department of Social and Family Affairs, the Irish Health Service Executive or from another country?

 Yes       No

## If 'Yes', please state:

Name of payment:

Amount:

€  a weekNZ \$  a week

Claim or reference number:

## 29. Do they have any savings or investments?

 Yes       No

## If 'Yes', please state:

## Details of Savings/Investment

Their current value:

€  a weekNZ \$  a week

If they are in a joint account or in their name only:

## 30. Do they own a business or property apart from the family home?

 Yes       No

## If 'Yes', please state:

Type of property or business:

Current market value:

€ NZ \$ 

Amount of income from this property:

€  a weekNZ \$  a week

## 31. Do they have income from any other source, such as an occupational or private pension?

 Yes       No

## If 'Yes', please state:

Source of income:

Amount:

€  a weekNZ \$  a week

**Only complete this part if you are applying for a Widow's or Widower's (Contributory) Pension.**

**32. What was your late spouse's full name?**

Surname

First name

**33. What was their birth surname, if different?**

**34. Where did they live (if different from address given in Part 1)?**

Address

**35. What was their date of birth?**

Day   Month     Year

Please attach their Birth Certificate (original document or copy verified by Ministry of Social Development, New Zealand). There is no need to send in a certificate if the birth occurred within the Republic of Ireland.

**36. What was their date of death?**

Day   Month     Year

Please attach their Death Certificate (original document or copy verified by Ministry of Social Development, New Zealand). There is no need to send in a certificate if the death occurred within the Republic of Ireland.

**37. What was their nationality?**

**38. Were they getting any payment(s) from the Irish Department of Social and Family Affairs?**

Yes  No

**If 'Yes', please state:**

Name of payment(s):

1.

2.

Amount(s):

1. € a week

2. € a week

Claim number(s):

1.

2.

**39. If they lived in the Republic of Ireland, please state:**

Their Irish PPS No.:

Their old Social Insurance Number in Ireland, if any (number used before 1979):

As stated

**40. Please give details of your late spouse's employment in Ireland in the table below.**

Employer's name and address (in Ireland)	Date(s) they worked there:		Occupation
	From	To	

**41. Were you or your late spouse ever previously married?**

Yes

No

If 'Yes', please answer the questions below.

If 'No', please go to Part 4.

Verification  
by Ministry of  
Social  
Development  
New Zealand

You

Your late spouse

Were you ever divorced?  Yes  No

Was your late spouse ever divorced?  Yes  No

If 'Yes', please enclose a copy of the Decree Absolute and answer the following questions. If you cannot remember exact dates, please give rough dates:

If 'Yes', please enclose a copy of the Decree Absolute and answer the following questions. If you cannot remember exact dates, please give rough dates:

— What was your first spouse's name?

— What was their first spouse's name?

— Where were they born?

— Where was their first spouse born?

— When did you marry your first spouse?

— When did they marry?

— In what country did you marry?

— In what country did they marry?

— When were divorce proceedings started?

— In what country did the divorce take place?

— What country were you living in when divorce proceedings started?

— What country was your former spouse living in when divorce proceedings started?

— When were divorce proceedings started?

— In what country did the divorce take place?

— What country was their (first) spouse living in when divorce proceedings started?

— What country was your late spouse living in when divorce proceedings started?

Have you or your late spouse had a marriage legally annulled in the Republic of Ireland?

Yes

No

If 'Yes', please attach a copy of the Order granting Annulment.

Part 4

Details of qualified children

You may get a Qualified Child Increase for children up to age 18 or over age 18 and under age 22 if in full-time education.

42. Do you have any children under age 18 or between 18 and 22 in full-time education?  Yes  No

If 'Yes', please give details here, starting with the eldest:

Child's full name	Date of birth			Their Irish PPS No.	Relationship to you	Is this child living with you?
	Day	Month	Year			

Please attach a letter from the school or college for any child aged between 18 and 22 to confirm they are in full-time education.

If any of the above children are not living with you, please state the amount of maintenance paid by you, if any:

€  a week

NZ \$  a week

## Part 5

## Claim for Living Alone Increase

You may qualify for a Living Alone Increase if you are living entirely or mainly alone and you are:

- receiving Invalidity Pension (at any age),  
or
- aged 66 or over and receiving, State Pension (Contributory) or Widow's or Widower's (Contributory) Pension.

Do you wish to claim a Living Alone Increase?

 Yes No

If 'Yes', are you living entirely or mainly alone?

 Yes No

Date from which you have lived alone ?

Day

Month

Year

Please ask one of the people listed below to fill in their details under this statement.

I certify that the applicant is living entirely or mainly alone. This part was completed by the applicant today in my presence. I am not related to the applicant.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

Get one of the following to sign the certificate:

Justice of the Peace, Barrister or Solicitor

Minister of Religion (state denomination and address of place of worship)

Medical Practitioner

Member of Parliament

Head Teacher or Lecturer at a University (state name and address of School or College)

Police Officer

Clerk or member of a Local Authority

Community Welfare Officer

Postmaster

Ministry of Social Development, New Zealand

Official Stamp

## Part 6

## Details if claiming Invalidity Pension

43. What date did you finish working?

Day

Month

Year

Please attach certificate of cessation of employment

44. What payment are you currently getting?

45. What date did you start getting this payment?

Day

Month

Year

46. What payment were you on before this payment, if any?

**Details of person or people you are caring for:**

**A Guardian's Payment (Contributory) may be payable if enough PRSI contributions have been paid and:**

- both parents are dead,
- or
- one parent is dead, unknown, has abandoned or refused or failed to provide for the child, and the other parent is unknown or has abandoned or refused or failed to provide for the child, as long as the child is not normally living with an adoptive parent or step-parent.

**Orphans' social insurance details**

**47. Please give details of children here, starting with the eldest:**

Child's full name	Date of birth			Their Irish PPS.No.	Relationship to you	Is this child living with you?
	Day	Month	Year			

Verification by Ministry of Social Development, New Zealand

**Details of orphans' parents**

**48. Please state:**

	Mother or stepmother	Father or stepfather
Surname:	<input type="text"/>	<input type="text"/>
First name(s):	<input type="text"/>	<input type="text"/>
Birth surname if different:	<input type="text"/>	<input type="text"/>
Current address (if married and you and your spouse are not living together give both addresses):	<input type="text"/>	<input type="text"/>
Previous address:	<input type="text"/>	<input type="text"/>
Current whereabouts (if not deceased)	<input type="text"/>	<input type="text"/>

Irish PPS Number, if known:

Date of Birth: (attach Birth Certificate(s) if birth occurred outside Republic of Ireland)

Date of marriage if applicable: (attach Marriage Certificate(s) if marriage occurred outside Republic of Ireland)

Date of death if applicable: (attach Death Certificate(s) if death occurred outside Republic of Ireland)

Mother or stepmother

Figures						Letter(s)

Day	Month	Year

Day	Month	Year

Day	Month	Year

Father or stepfather

Figures						Letter(s)

Day	Month	Year

Day	Month	Year

Day	Month	Year

As stated

49. Is the parent providing for the orphan?

Yes  No

Yes  No

50. Is the parent getting any social security payment for the orphan from New Zealand?

Yes  No

Yes  No

51. What is the name and address of the parent's last employer?

Employer's name

Employer's name

Employer's address

Employer's address

52. When did the parent work there?

From To

From To

Part 8

Payment details

53. Please tick (✓) type of account you will be using:

Account in your name **only** (complete Section A and C below)

or

Joint account (complete Section A,B and C below)

**Section A** Your details

Your surname:

First name(s):

Address:

Telephone number, if any:

**Section B** Details of other joint account holder

Their surname:

First name(s):

Address:

Telephone number, if any:

**Section C** Financial Institution

Country to which you want your pension paid:

Name of financial institution:

Branch Name and full Postal Address

To be completed by financial institution  
Details entered are correct

Signed:

Official stamp

Branch Telephone number:

Branch Fax number:

Branch code (you can get this from your financial institution):

Swift code (you can get this from your financial institution, if available):

Your account number:

Your pension will be paid every 4 weeks into your chosen account in local currency via EFT (Electronic Fund Transfer).

Have you or has your (late) spouse been employed in any of the following countries?

- Australia
- Austria
- Belgium
- Bulgaria
- Canada
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Italy
- Latvia
- Liechtenstein
- Lithuania
- Luxembourg
- Malta
- Norway
- Poland
- Portugal
- Quebec
- Republic of Cyprus (Cyprus South)
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland
- the Netherlands
- the United Kingdom
- United States of America

Yes  No

If 'Yes', please state country  and any Social Security Number  relevant to employment in that country.

## Part 10

## Details if applying for Bereavement Grant

54. Who paid the funeral expenses?

Name

Address

- You must claim within **12 months** of the date of death. If you don't you may lose benefit.
- You must enclose the funeral bill and Death Certificate with this form.

## Part 11

## Other relevant information

I declare that the information given in this application is true and complete. I will tell the Department of Social and Family Affairs, International Records, Oisín House, Pearse St., Dublin 2, Ireland, if my circumstances change in any way. I authorise **Ministry of Social Development, New Zealand**, to give the Department of Social and Family Affairs all information it holds that relates to, or could relate to, this application.

Your signature or mark

Date

(not block letters)

If you cannot sign, make your mark and have it witnessed. The witness should sign below.

Signature of witness

Date

(not block letters)

Address of witness

### Declaration for State Pension (Transition)

I retired on/will retire from

Day

Month

Year

If I take up employment or self-employment before my 66th birthday, I understand that I must tell the Department of Social and Family Affairs.

Your signature

Date

(not block letters)

### Declaration for Invalidity Pension

I am not currently engaged in any employment or self-employment. I will tell the Department if I take up employment or self-employment or if I am no longer permanently incapable of work.

Your signature

Date

(not block letters)

### Declaration for Widow's or Widower's (Contributory) Pension

I declare that the information I have given is true and complete. If I am awarded a Widow's or Widower's (Contributory) Pension, I will advise the Department of Social and Family Affairs if I remarry or if I cohabit (live with another person as husband and wife).

Your signature

Date

Send this completed application form to:

**International Services  
New Zealand Ministry of Social Development  
PO Box 27178  
Wellington**

or

**hand it into your nearest Ministry of Social Development Office**

### **Data Protection and Freedom of Information**

**We, the Department of Social and Family Affairs, 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.**