



- Please use BLOCK LETTERS and place a tick (✓) in the appropriate boxes.
- Please answer all questions that apply to you. If you fail to answer all questions, your application may be delayed.
- Please see the table below to check which parts of the form you need to complete.

If you:	Please complete
<ul style="list-style-type: none"> • are aged over 70, • believe you have overpaid PRSI contributions or the Health Levy, or • pay social insurance in another country* 	Parts 1, 5 and 6 only
<ul style="list-style-type: none"> • hold a medical card, or • receive Survivor's Pension or One-Parent Family Payment 	Parts 1, 2, 5 and 6 only
<ul style="list-style-type: none"> • pay maintenance to your spouse 	Parts 1, 3, 5 and 6 only
<ul style="list-style-type: none"> • received Maternity or Disability Benefit 	Parts 1, 4, 5 and 6 only

* Please also include completed forms E101 and either E106 or E108.

Part 1

Your own details

1. What is your full name?

Last name

First name(s)

What is your Personal Public Service Number (PPS No.)?
(same as RSI or Tax Number)

Figures

Letter(s)

3. What is your telephone number (if any)?

Code

Local number

4. Where do you live?

5. What is your date of birth?

Day

Month

Year

Please give details of all employers and PRSI paid during the tax year for which you are applying for a refund.

Employer 1

Name

Telephone: Code Local Number

Tax Year(s)	PRSI Class	Weeks at this class	Gross earnings at this class	Total employee PRSI at this class	Total employer PRSI at this class

Please have your employer confirm these details below.

I confirm the information given below is correct.

Employer's signature

Date

Ers Reg No
Employer's Stamp

Employer 2

Name

Telephone: Code Local Number

Tax Year(s)	PRSI Class	Weeks at this class	Gross earnings at this class	Total employee PRSI at this class	Total employer PRSI at this class

Please have your employer confirm these details below.

I confirm the information given below is correct.

Employer's signature

Date

Ers Reg No
Employer's Stamp

I confirm that the information I have provided is correct

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

WARNING: Penalty for false statements or withholding information: Fine or Imprisonment or both.

Send the completed application form to:

**PRSI Refunds Section
Department of Social and Family Affairs
Oisín House
Pearse Street
Dublin 2**

If you have any questions on completing this form telephone (01) 673 2586

Additional details

DATA PROTECTION AND FREEDOM OF INFORMATION

We the Department of Social and Family Affairs, will treat all information and personal data which you give as confidential. We will only disclose it to other bodies in accordance with law. We are responsible for your information under the Data Protection Act and Freedom of Information Act.

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