Statutory Instrument No. 312 of 1996

Application for Exemption from PRSI for employees posted to Ireland

PLEASE USE CAPITAL LETTERS

Employee Details

1. Name of employee_____

2. Personal Public Service Number (RSI No.)_____

3. (a) Nationality_____

   (b) Date of Birth_____

4. (a) Where is the employee's habitual residence?

   _____

   (b) Does the employee intend to actually reside in Ireland during the period of posting? Yes/No_____

   (c) If yes, please provide employee's address while resident in Ireland?

   _____

   _____

5. Does the employee hold a valid work permit? Yes/No _____

6. (a) Has the employed person worked in Ireland previously? Yes/No _____

   (b) If "Yes" please give details

   _____

7. (a) If the employment for current employer commenced less than two calendar months prior to secondment to Ireland, please state:

   (i) Name of previous employer_____

   (i) Date employment commenced with that employer? _____

   (iii) Were Social Insurance contributions paid by (or in respect of) the employee in the country of previous employment? Yes/No _____

   (iv) Where did this employment take place?_____

8. Will Income tax be remitted to the Irish Revenue Commissioners in respect of the employee for the duration of the posting?
Yes/No _____

9. (a) Has the employee previously been insured in another EEA Member State or in a country with which Ireland has a Bilateral Agreement? Yes/No _____

(b) If "Yes" please state the:
(i) Country concerned_____

(ii) Dates of employment: From_____To_____

From_____To_____

(iii) Relevant Social Security numbers_____

_____

Foreign Employer Details

10. Name of country from which employee is being currently posted from

_____

11. (a) Name and address of employer posting employee to Ireland

_____

_____

(b) Date of commencement of employment with current foreign (posting) employer.
_____

(c) Please state if the employee is covered for occupational Injuries Benefits and Sickness and Survivor's Benefits? Yes/No_____

(d) Employees social security number in State from which posted_____

Proof of retention to Social Security system of employees home State may be requested at any stage during or after this posting.

12. (a) Has the employee previously claimed or been granted the exemption under Article 97 of the SI 312 of 1996? Yes/No _____

(b) If "Yes" please state:

(i) The relevant dates_____

(ii) The relevant employer_____

Irish Employment Details

13. Please state:

(a) Name of Employer_____

(b) Address _____

_____

(c) Date of commencement of employment in Ireland_____

(d) Nature of employment carried out _____

(e) What is the expected duration of the employed persons posting to Ireland?

_____

14. Is the employed person taking over from another posted worker?
Yes/No_____

15. Will another posted worker be sent to replace the employee at the end of his/her period of posting? Yes/No _____

NOTES

1. **Employee must be covered for Social Security under legislation of another State while s/he is posted to Ireland.**
2. **On expiry of 52-week exemption, the employer and employee become liable for Irish social insurance**
3. **Copy of passport and work permit must be enclosed to support application.**
4. **Entitlements to benefits/pensions will <u>not</u> accrue under this exemption.**

DECLARATION: I declare that the information given above is true and correct to the best of my knowledge.

_____
Signed for and on behalf of Company

_____
Manager, Director, Secretary, Agents etc

Date:_____

(Company stamp or seal)

This form should be returned to:

Special Collection Section
Department of Social Protection
Cork Road
Waterford

Locall: 1890 690 690 (from Ireland only) Telephone: +353 1 4715898 (outside Ireland)
Fax: +353 51 877838