



State Pension (Contributory) application
form for:

Increase for Qualified Adult

Your spouse, civil partner or cohabitant needs a Personal Public Service Number (PPS No.) before you apply.

You must also give your own Personal Public Service Number (PPS No.).

How to complete this application form.

- Please use this page as a guide to filling in this form.
- Please answer **all questions**. Incomplete forms will be returned and this will delay your application.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.

Increase for Qualified Adult:

Please note that this increase is based on a means assessment. As you are claiming this increase for your spouse, civil partner or cohabitant, you are legally obliged to declare **all** of their income including foreign pensions, savings and property (other than your own home).

Part 4 must be filled in and signed by your spouse, civil partner or cohabitant.

When the form is completed, you must sign the declaration in **Part 1**.

If you need any help to complete this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

For more information, log on to **www.welfare.ie**.

How to fill this form

To help us in processing your application:

- 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. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D		M	M		Y	Y	Y	Y									

Contact Details

6. Your address:	1		N	E	W		S	T	R	E	E	T								
	O	L	D		T	O	W	N												
	D	O	N	E	G	A	L		T	O	W	N								
	County		D	O	N	E	G	A	L		Postcode									
7. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X		
	MOBILE																			
	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X		
	LANDLINE																			
8. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R			
	B	O	X																	

SAMPLE

Part 3

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

The increase for a qualified adult is a means tested payment. The means of your spouse, civil partner or cohabitant will be assessed.

Please supply documentary evidence (such as bank statements) for the last 6 months for all savings, investments and income. If they have no income, please put a 0 in each of the amount boxes.

21. If they are getting any other pension (private or occupational) from Ireland or any other country, please state:

Type of pension:

Who pays this pension:

Their claim or reference number:

Gross amount: € , . a week

22. If they are employed at present, please state:

Their employer's name:

Their employer's address:

Type of work:

Gross income: € , . year to date

Please attach 4 of their most recent payslips.

Number of weeks worked: year to date

If your spouse, civil partner or cohabitant has more than one employer, please provide the details at question 29.

23. If they are currently self-employed, please state:

Type of work they do:

Date self-employment started:

D D M M Y Y Y Y

Net weekly earnings: € , . a week

This is the money they have made from self-employment after deducting operating expenses. Please provide documentary evidence such as the last available copy of accounts.

24. If they have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the Republic of Ireland or another country, please state:

Financial Institution 1

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Financial Institution 2

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Financial Institution 3

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Please attach an original statement for each account, showing transactions for the last 6 months. If they have any other accounts, you must give details of these to this department on a separate sheet of paper.

Part 3 continued

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

25.If they own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments in the Republic of Ireland or another country, please state:

Name of company:

Number of shares held: ,

Value per share: € , .

Are the stocks/shares jointly owned? Yes No

Please attach a statement to show details and current market value.

Do they own any other shares? Yes No

If 'Yes', please give details on a separate sheet of paper.

26.If they own, share in the ownership or work a farm or land, please state:

Size of farm or land: acres

Gross yearly income: € , .

'Gross yearly income' is money they have made from the farm before deducting operating expenses.

27.If they own or share in the ownership of property apart from their home, please state:

Type of property:

Is this property jointly owned? Yes No

Name 1:

Name 2 (if any):

Address of property:

'Property' includes but is not limited to an apartment, business property, another house or land other than that mentioned at question 26.

If this property is rented out, please state:

Gross weekly income: € , .

'Gross weekly income' is money they have made before deducting operating expenses.

Current market value: € , , .

Mortgage outstanding: € , , .

Please provide documentary evidence for this property (Valuation, rental or letting agreement).

Note: If they have other properties, a separate sheet of paper can be used for more details.

28. If they have a room let in the property they are currently residing in, please state:

Gross weekly income: € , .

'Gross weekly income' is money they have made before deducting operating expenses.

29. If they have any other income please give details in the box below:

30. If they sold or transferred any property or business in the last three years please give details in the box below and attach a copy of the deed of transfer:

Part 4

Spouse's, civil partner's or cohabitant's payment details

Any increase for a qualified adult which you (the pension claimant) qualify for will be paid direct to your spouse, civil partner or cohabitant unless they state otherwise. You should show them this page to let them decide if they want to receive this increase for themselves or if they want you to receive this increase with your pension, on their behalf.

Declaration of Spouse, Civil Partner or Cohabitant

Important Notice:

The remainder of this page should be filled out by the person named in Part 2.

(a) I, , wish to have any Increase for a Qualified Adult paid directly to me.

OR

(b) I, , wish to have any Increase for a Qualified Adult paid directly to the person named in Part 1 with their pension.

If part (a) above has been signed, you can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you.

Please complete one option below.

Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):
Name 1:

Name 2 (if any):

Post Office

Please enter below the name and address of the post office where you wish to collect your payment.

Post office name and address:

Have you enclosed the following?

- Your spouse's, civil partner's or cohabitant's P60 for the last full tax year (if they are employed)
- Statements from all financial institutions in your spouse's, civil partner's or cohabitant's name or jointly held by them, showing the last 6 months transactions
- Details of all property that your spouse, civil partner or cohabitant own or share in the ownership of and details of any rents received on these properties other than the house you live in and details of all mortgages and loans on these properties

If you were born, married or entered into a civil partnership or a civil union outside the Republic of Ireland:

- Your marriage certificate or civil partnership or civil union registration certificate
 - Your spouse's, civil partner's or cohabitant's birth certificate
- Original certificates only.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

Send this completed application form to:

State Pension (Contributory) Section
Social Welfare Services
Department of Social Protection
College Road
Sligo

Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.welfare.ie/dataprotection or in hard copy.

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