



Application form for Health and Safety Benefit

How to complete this application form.

- 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.
- You need a Personal Public Service Number (PPS No.) before you apply.

Employee:

If you are an **employee** fill in **Parts 1, 2, 3, 5, 7 and 8** as they apply to you. When form is completed, read **Part 9** and sign declaration in **Part 1**.

Employer:

If you are an **employer** fill in **Part 4**. Please make sure you sign and stamp this part of the form.

Self-employment does not qualify for Health and Safety Benefit.

Doctor:

Please fill in **Part 6** of the form. Please make sure you sign and stamp this part of the form.

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

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

Important:

If you do not submit this form within 6 months of becoming eligible you could lose benefit.

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												
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:	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																		
11. Your email address:	O	N	E	C	H	A	R	A	C	T	E	R	P	E	R				
	B	O	X																

SAMPLE

You can get payment direct to your current, deposit or savings account in a financial institution.

Financial Institution

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

Name of financial institution:

Sort code:

Account number:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):



Has your employer completed Part 4?

Has your doctor completed Part 6?

Have you enclosed the following?

- Letter from school or college (if you have child(ren) aged between 18 and 22 who are in full-time education).
- Your P45 (if applicable) - See Part 4.
- A verified copy of your GNIB Card/Work Permit and Passport (including all stamps (endorsements)) - Non-EEA citizens only.

In respect of your spouse, civil partner or cohabitant (if applicable):

- If employed - their 6 most recent payslips (if gross weekly earnings are less than €310).
- If self-employed - their most recent Notice of Assessment of Tax and/or P35.

If you were married or entered into a civil partnership or a civil union outside the Republic of Ireland since you last updated your details with the Department:

- A verified marriage certificate or civil partnership or a civil union registration certificate*.

* To have verified, please bring to any office of the Department of Social Protection. Please note that only verified copies of the original versions of certificates are acceptable.

You should note that your claim for Health and Safety Benefit cannot be processed until we receive the documentation indicated above.

Please remember to sign the declaration in Part 1.

Send this completed application form to:

Health and Safety Benefit Section

FREEPOST

Department of Social Protection

McCarter's Road

Ardarvan

Buncrana

Co. Donegal

LoCall: 1890 690 690 (from the Republic of Ireland only)

Telephone: + 353 1 4715898 (from Northern Ireland or overseas)

Note

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

Data Protection Statement

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/ Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.

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

