



# Application form for Invalidity Pension

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

**How to complete this application form.**

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

**If you do not have a spouse, civil partner or cohabitant:**

Please fill in **Parts 1 to 4** and **Part 7** as they apply to you. When the form is completed, read **Part 8** and sign declaration in **Part 1**.

**If you have a spouse, civil partner or cohabitant:**

Please fill in **Parts 1 to 7** as they apply to you. You must complete **Part 6** fully if you wish to claim an increase for your spouse, civil partner or cohabitant or if you wish to claim an increase for a qualified child. When the form is completed, read **Part 8** and sign declaration in **Part 1**.

Your spouse, civil partner or cohabitant must also sign the declaration in **Part 1** if you are claiming an increase for them and/or your child(ren).

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

Telephone: (043) 334 0000

LoCall: 1890 92 77 70

If you are calling from outside the Republic of Ireland please call + 353 43 3340000

For more information, log on to [www.welfare.ie](http://www.welfare.ie).

## Note

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

## 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(s) as appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D		M	M		Y	Y	Y	Y									
8. Your mother's birth surname:	K	E	L	L	Y														

## Contact Details

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

# SAMPLE

# Application form for Invalidity Pension



## Part 1

## Your own details

1. Your PPS No.:

2. Title: (insert an 'X' or specify) Mr.  Mrs.  Ms.  Other

3. Surname:

4. First name(s):

5. Your first name(s) as appears on your birth certificate:

6. Birth surname:

7. Your date of birth:     
D D M M Y Y Y Y

8. Your mother's birth surname:

## Contact Details

9. Your address:   
  
  
County  Post Code

10. Your telephone number:  MOBILE  
 LANDLINE

11. Your email address:

## Declaration

I/We declare that the information given by me/us on this form is truthful and complete. I/We understand that if any of the information I/We provide is untrue or misleading or if I/We fail to disclose any relevant information, that I/We will be required to repay any payment I/We receive from the Department and that I/We may be prosecuted. I/We undertake to immediately advise the Department of any change in my/our circumstances which may affect my/our continued entitlement.

Signature (not block letters)

Date:     
D D M M Y Y Y Y

Signature from your spouse or civil partner or cohabitant (not block letters)

Date:     
D D M M Y Y Y Y

**Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.**



Part 1 continued

Your own details

12. Are you?

- Single
- Married
- Separated
- Divorced
- Widowed

- Cohabiting
- In a Civil Partnership
- A surviving Civil Partner
- A former Civil Partner  
(you were in a Civil Partnership that has since been dissolved)

13. If you are married, in a civil partnership or cohabiting, from what date?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D D		M M		Y Y Y Y			

14. What country were you born in?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15. Do you live on an island off the coast of Ireland? If 'Yes', please state:

- Yes       No

Name of this island:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date you started living on the island:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D D		M M		Y Y Y Y			

For more information and a list of islands, log on to [www.welfare.ie](http://www.welfare.ie).

16. What is your illness or incapacity?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17. What date did this illness or incapacity start?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D D		M M		Y Y Y Y			

Part 2

Your work and claim details

18. Are you employed at present?

- Yes       No

If 'Yes', please state:

Employer's name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employer's address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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County

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Post Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Type of work:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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25. Are you taking part in any of the following courses or schemes, insert an X in the box as it applies to you and give the date you started if you insert an X in the Yes box.

			Date you started:			
Community employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	
Rural Social Scheme:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	
Area-Based Initiative:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	
Back to Work Scheme:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	
Vocational Training Opportunities Scheme:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	
Back to Education Allowance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	
Community Services Programme:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	
FÁS course or schemes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	
School or college:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	
Other course or scheme:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

If 'Yes', please state:

Name of course or scheme:

Date you started: From:

To:

D D M M Y Y Y Y

How much you get paid for doing this scheme or course:

€  ,    .   a week



26. Have you ever lived or worked outside the Republic of Ireland?

Yes  No

If 'Yes', please give details below. We will notify other countries covered by EU Regulations or Bilateral Agreements that you may be entitled to a pension from them.

Country 1

Country:

Employer's name:

Your address while living/working there:

County

Post Code

Your social insurance number while there:

Dates you worked there: From:

To:

D D M M Y Y Y Y

Type of work:

Note: A separate sheet of paper can be used for more details if needed.

27. Do you own, share in the ownership of a farm or land?

Yes  No

If 'Yes', please state:

Size of farm or land:  acres

Do you work the farm or land?  Yes  No

28. If you own or share in the ownership of a farm or land but do not work it, please state who works the farm or land:

Their surname:

Their first name(s):

Their address:

County

Post Code

Note: Please provide a written declaration from the above named confirming they are working the land.





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:

Address of financial institution:

County  Post Code

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Post Office

Post office name and address:

County  Post Code

**If you are unable to collect or cash your payment at the post office and you want someone else (known as an agent) to do so for you, please complete the following:**

Your agent's name:

Your agent's address:

County  Post Code

Date:

D D M M Y Y Y Y

Your Signature (not block letters)

**I agree to act as agent for the person named in Part 1 and I am aware of my obligations. For more information, log on to [www.welfare.ie](http://www.welfare.ie).**

Date:

D D M M Y Y Y Y

Signature of agent (not block letters)





## Part 5

## Your spouse's, civil partner's or cohabitant's details

31. Their PPS No.:

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

Mr.

Mrs.

Ms.

Other

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33. Their surname:

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34. Their first name(s):

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35. Their birth surname:

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36. Their date of birth:

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D D

M M

Y Y Y Y

37. Their mother's birth surname:

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38. Their address:

Only answer this question if you are married or in a civil partnership and do not live together.

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County

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Post Code

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## Part 6

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

Part 6 MUST be completed in full if you are claiming an increase for your spouse, civil partner, cohabitant and/or child(ren). This information is required to decide if you have an entitlement and if so, the rate payable. If you are not claiming any increase, proceed to Part 8.

39. Do you wish to claim an increase for your, spouse, civil partner or cohabitant?

Yes

No

40. Are they employed at present?

Yes

No

If 'Yes', please state:

Their employer's name:

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Their employer's address:

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County

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Post Code

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Type of work:

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Gross income:

€

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year to date

Please attach 4 of their most recent payslips.

Number of weeks worked:

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

year to date







46. Do they own, rent or share in the ownership of a farm or land?

Yes  No

If 'Yes', please state:

Is this farm or land jointly owned  Yes  No

Size of farm or land:    acres

Net yearly income from farm or land: €   ,    .

'Net yearly income' is money you have made from the farm or land after deducting operating expenses. Please provide documentary evidence such as the last available copy of accounts.

47. Do 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?

Yes  No

If 'Yes', please state:

Name of company:

Number of shares held:    ,

Total 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.

48. If their farm or land is let, please state net yearly income from letting:

Net yearly income: €   ,    .

Note: Please provide a written declaration confirming amount of yearly rental income.

49. Do 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?

Yes  No

If 'Yes', 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):

**Please attach an original statement for each account, showing transactions for the last 6 months.**

Do you have any other accounts?  Yes  No

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

**50. Do they own or share in the ownership of property apart from their home?**

Yes  No

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

Type of property:

Is this property jointly owned?  Yes  No

Name(s) of property owner(s):

Name 1:

Name 2 (if any):

Address of property:

**'Property' would be an apartment, business property, another house or land other than**

**that mentioned at**

**question 46.** County  Post Code

Is this property rented out?  Yes  No

If 'Yes', please state:

Rent from this property: € , .  a week

Current market value: € , , .

Outstanding mortgage on property: € , , .

**If mortgaged please attach a recent statement from lending institution.**







## Living Alone Increase

You may get a Living Alone Increase if you are getting an **Invalidity Pension** and live alone or mainly alone. For more information, log on to **www.welfare.ie**.

## 56. Do you wish to claim a Living Alone Increase?

Yes  No

If 'Yes', please state date you started living alone or mainly alone:

D D M M Y Y Y Y

## Household Benefits Package

You may qualify for the Household Benefits Package, which is made up of 2 allowances:

- Electricity or Gas Allowance
- Free Television Licence

For more information on extra benefits available to pensioners, log on to **www.welfare.ie**.

## Fuel Allowance

This allowance is means tested and is subject to your household composition.

## 57. Do you wish to apply for a Fuel Allowance?

Yes  No

If 'No', please go to Part 8.

If 'Yes', please complete fully the remainder of this section. Do not leave any question blank. If no income, please enter 0 in each box.

## 58. Your details:

Gross weekly income: € ,. a week

Please provide documentary evidence from all sources of income.

Total savings/ investments: € ,.

Please provide documentary evidence of all of these savings and investments.

Value of property: (other than family home) € ,,.

Please provide documentary evidence of all other properties you have including address and valuation.

Rent from all property: (other than family home) € ,. a week

Please provide documentary evidence of all rents from other property.

Farm Income (net yearly income from farm/land) € ,.

'Net yearly income' is money you have made from the farm or land after deducting operating expenses. Please provide documentary evidence such as the last available copy of accounts.

Have you any other income such as maintenance:  Yes  No

If 'Yes', please provide documentary evidence.



You must also complete Q 59 about ALL the people living with you including your spouse, civil partner or cohabitant if you haven't completed Part 6 fully. If they have no income please put a 0 in the amount boxes.

59. The following people live with me:

**Person 1 living with me**

Name:

PPS No.:

Gross weekly income: € , .  a week

Total savings/  
investments/property  
value: (not family home) € , .

Profit from business: € , .  a year

**Person 2 living with me**

Name:

PPS No.:

Gross weekly income: € , .  a week

Total savings/  
investments/property  
value: (not family home) € , .

Profit from business: € , .  a year

**Person 3 living with me**

Name:

PPS No.:

Gross weekly income: € , .  a week

Total savings/  
investments/property  
value: (not family home) € , .

Profit from business: € , .  a year

**Note: You may be asked to supply documentary evidence of all income.**



**Have you enclosed the following?**

- **Your P60.**  
(if you worked in the last full tax year).
- **A letter from your last employer confirming your last date of employment OR a P45 if you have ceased employment.**
- **If you have been in self employment, a letter from Revenue confirming the date that self-employment ceased.**
- **Statements from all financial institutions showing the last 6 months transactions and the name and address of the account holder(s).**  
(if you or your spouse, civil partner or cohabitant have money or investments in a financial institution).
- **Advice slips from any pensions you or your spouse, civil partner or cohabitant are receiving.**
- **Letter from school or college.**  
(if you are claiming for child(ren) aged between 18 and 22 who are in full-time education).

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

- **Your birth certificate.**
- **Your marriage certificate or civil partnership or civil union registration certificate.**
- **Your spouse's, civil partner's or cohabitant's birth certificate.**  
(if applying for an increase for them).
- **Your child(ren)'s birth certificate(s).**  
(if applying for an increase for them).

Note: No birth certificate is needed if you are already getting Child Benefit.

**Original certificates only.**

**Remember to send in all the certificates and documents with this application, or say that you will send them later.**

**Make sure that you supply all information required in this form.**

## **Please remember to sign the Declaration in Part 1.**

**Your spouse, civil partner or cohabitant must also sign the declaration in Part 1 if you are claiming an increase for them and/or your child(ren).**

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



Send this completed application form to:

Department of Social Protection  
**Invalidity Pension Claims Section**  
Social Welfare Services  
Government Buildings  
Ballinalee Road  
Longford

Telephone: (043) 334 0000

LoCall: 1890 92 77 70

If you are calling from outside the Republic of Ireland please call + 353 43 3340000

**Note**

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

**Data Protection Statement**

**The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.**

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

