



Irish benefits under the agreement on social security between Ireland and Korea

How to complete this application form.

- Please tear off this page and use 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.

Fill in all **Parts** as they apply to you. When form is completed, read **Part 12** and sign declaration in **Part 1** and in **Part 13** if it applies to you.

If you need help to complete this form, please contact your local Social Welfare Office, Citizens Information Centre or the National Pension Service, Korea.

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

How to fill in first page of this form

To help us in processing your claim:

- 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:	0	8	6	1	2	3	4	5	6	7											
	M	O	B	I	L	E															
	0	1	7	0	4	3	0	0	0												
	L	A	N	D	L	I	N	E													
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E			

SAMPLE



Irish benefits under the agreement on social security between Ireland and Korea

Part 1

Your own details

Verification by The National Pension Service, Korea

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 as it appears on your birth certificate:

6. Birth surname:

7. Your mother's birth surname:

8. Your date of birth:

D D M M Y Y Y Y

Contact Details

9. Your address:

10. Your telephone number:

M O B I L E

L A N D L I N E

11. Your email address:

Declaration

I declare that all the information I have given on this form is accurate. I will tell the Department when my means or circumstances change. I authorise Korea to give all information in its possession which may relate to this application.

Signature (not block letters)

Date:

2 0
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

Verification by The National Pension Service, Korea

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?

D	D	M	M	Y	Y	Y	Y

14. Do you wish to claim?

State Pension (Transition)
Payable at age 65

State Pension (Contributory)
Payable at age 66

Invalidity Pension

Widow's, Widower's or
Surviving Civil Partner's
(Contributory) Pension

Guardian's Payment
(Contributory)

Bereavement Grant

15. If you are retired or intend to retire between age of 65 and 66, please state:

Date of retirement from
employment and/or self-
employment:

D	D	M	M	Y	Y	Y	Y

16. What is your Korean National Pension number?

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Part 2

Your work and claim details

17. If you worked in Ireland before 1979, fill in your Social Insurance number or addresses you lived at while employed at that time.

Your Social Insurance
number:

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Address:

Address:

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



18. Please give details of all of your employments in Ireland, starting with your first employer:

Employer's name:

Employer's address:

Job title:

Dates you worked there:
 From:
 To:
D D M M Y Y Y Y

Employer's name:

Employer's address:

Job title:

Dates you worked there:
 From:
 To:
D D M M Y Y Y Y

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

19. Have you lived or worked in any of the following countries?

Yes No

- Australia
- Austria
- Belgium
- Bulgaria
- Canada
- Channel Islands
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Isle of Man
- Italy
- Japan
- Latvia
- Liechtenstein
- Lithuania
- Luxembourg
- Malta
- New Zealand
- Norway
- Poland
- Portugal
- Republic of Cyprus (Cyprus South)
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland
- the Netherlands
- the United Kingdom
- the United States of America

If 'Yes', please state:

Name of country:

Your social insurance number while there:



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

Financial Institution

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

Country to which you want your pension paid:

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Name of financial institution:

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

Branch name:

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

Full postal address:

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

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

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Branch telephone number:

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

Branch fax number:

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

Branch code:

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You can get this from your financial institution.

Swift code:

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You can get this from your financial institution, if available.

Account number:

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

To be completed by financial institution
Details entered are correct

Signed:

Official stamp

Your pension will be paid every 4 weeks into your chosen account in local currency via EFT (Electronic Fund Transfer).



20. How many children do you wish to claim for?

under age 18

age 18 - 22 in full-time education

You must attach written confirmation from the school or college for the children aged 18 - 22

Please state child's:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

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



Part 6

Your spouse's or civil partner's details

Only complete this section if your spouse or civil partner is living. If you are widowed, please go to Part 7.

Verification by
The National
Pension
Service,
Korea

24. Their PPS No.:

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

Mr. Mrs. Ms. Other

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26. Their surname:

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

27. Their first name(s):

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

28. Their birth surname:

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

29. Their mother's birth surname:

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30. Their date of birth:

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D D M M Y Y Y Y

31. Their nationality:

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32. Their address:

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

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33. Do you wish to claim an increase for your spouse or civil partner?

Yes No

Please note that entitlement to receive an increase for them will depend on their means.

34. Are you supporting him/her?

Yes No

If 'Yes', please complete fully the remainder of this section.

35. If they are employed or self-employed, please state:

Their employer's name:

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Their employer's address:

Gross income: €

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 a week

Korean Won

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 a week

36. If they have income from any other source, such as an occupational pension, please state:

Gross income: €

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 a week

Korean Won

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 a week

37. If they are getting or have applied for any payment(s) from this Department or from the Health Service Executive, please state:

Name of payment:

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

Amount: €

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 a week

Korean Won

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 a week

38. If they are getting a pension or allowance from another country, please state:

Name of country:

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Their claim or reference number:

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

Amount (in euros): €

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 a week

Korean Won

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 a week

39. If they are paying maintenance, please state:

Amount: €

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 a week

Korean Won

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 a week

40. If they are receiving maintenance, please state:

Amount: €

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 a week

Korean Won

--	--	--	--

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 a week



41.If they own stocks, shares or investments, please state:Their value: € , . Korean Won , , a week**42.If they have savings in a financial institution, please state:**Amount of savings: € , . Korean Won , , a week**43.If they own property, other than their home, please state:**Market value of property: € , , . Korean Won , , a week**44.If this property is rented out, please state**Rental income: € , . a weekKorean Won , , a week

Part 7

Your late spouse's or civil partner's details

Only complete this part if you are applying for a **Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension.**

45. Their PPS No.:

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

47. Their surname:

48. Their first name(s):

49. Their birth surname:

50. Their mother's birth surname:

51. Their date of birth:
D D M M Y Y Y Y

52. Their date of death:
D D M M Y Y Y Y

Verification by The National Pension Service, Korea

53. Their nationality:

54. Their address:

Only answer this question if different from address in Part 1.

55. If they were getting any payment(s) from this Department or from the Health Service Executive, please state:

Name of payment:

Amount: € , . a week

56. Please give details of all of their employments in Ireland, starting with their first employer:

Employer's name:

Employer's address:

Job title:

Dates they worked there:
 From:

To:
D D M M Y Y Y Y

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



58. Have you or your late spouse or civil partner ever previously divorced or had a civil partnership dissolved?

Yes No

If ‘Yes’, please answer questions 59 to 66.

59. Have you ever been divorced or had a civil partnership dissolved?

Yes No

If ‘Yes’, please attach a copy of the Decree Absolute, Decree of Divorce or Decree of Dissolution.

60. If ‘Yes’, was the divorce/dissolution granted in the Republic of Ireland?

Yes No

61. If ‘No’, please state:

The surname of the spouse from whom you are divorced or your former civil partner:

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Their first name:

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

Country they were born in:

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

Date you married or entered into a civil partnership with them:

D	D

M	M

Y	Y	Y	Y

D D M M Y Y Y Y

Country in which you were married or entered a civil partnership:

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Date divorce or dissolution proceedings started:

D	D

M	M

Y	Y	Y	Y

D D M M Y Y Y Y

Country in which you were living in when divorce or dissolution proceedings started:

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Country this spouse or civil partner lived in when divorce or dissolution proceedings started:

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Have you remarried or entered into a civil partnership since your divorce or dissolution of civil partnership?

Yes No



As stated

62. Was your late spouse or civil partner ever divorced or in a previous civil partnership?

Yes No

If ‘Yes’, please attach a copy of their Decree Absolute, Decree of Divorce or Decree Dissolution.

63. If ‘Yes’, was the divorce or dissolution granted in the Republic of Ireland?

Yes No

64. If ‘No’, please state:

The surname of the spouse from whom they were divorced or their former civil partner:

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Their spouse’s/civil partner’s first name:

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

Country their spouse/civil partner was born in:

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

Date your late spouse/civil partner married/entered into a civil partnership with them:

<small>D</small>	<small>D</small>	<small>M</small>	<small>M</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>

Country in which they were married or entered a civil partnership:

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Date divorce/dissolution proceedings started:

<small>D</small>	<small>D</small>	<small>M</small>	<small>M</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>

Country your late spouse/civil partner lived in when their divorce or dissolution proceedings started:

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

Country their first spouse/civil partner lived in when their divorce/dissolution proceedings started:

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Did your late spouse/civil partner remarry or enter into a civil partnership since their divorce/dissolution?

Yes No

65. Have you ever obtained a State annulment? Yes No

If ‘Yes’, please attach a copy of the order granting the annulment.

66. Has your spouse/civil partner ever obtained a State annulment?

Yes No

If ‘Yes’, please attach a copy of the order granting the annulment.



Part 8

Details if claiming Invalidity Pension

67. What date did you finish working?

<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

68. What payment are you currently getting?

<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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69. What date did you start getting this payment?

<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

70. What payment were you on before this payment, if any?

<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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Part 9

Details if claiming Guardian's Payment (Contributory)

Details of person or people you are caring for:

A Guardian's Payment (Contributory) may be payable if enough PRSI contributions have been paid and:

- both parents are dead, or
- one parent is dead, unknown, has abandoned or refused or failed to provide for the child, and the other parent is unknown or has abandoned or refused or failed to provide for the child, as long as the child is not normally living with an adoptive parent or step-parent.

Verification by The National Pension Service, Korea

71. How many children do you wish to claim for?

<input type="text"/>	<input type="text"/>	under age 14
<input type="text"/>	<input type="text"/>	age 14 or older
<input type="text"/>	<input type="text"/>	age 18 - 22 in full-time education

You must attach written confirmation from the school or college for the children aged 18 - 22

Please state child's:

Child 1

Surname:

<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"/>
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First name(s):

<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"/>
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PPS No.:

<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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Relationship to you:

<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"/>
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Are they living with you?

Yes No

Child 2

Surname:

<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"/>
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First name(s):

<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"/>
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PPS No.:

<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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Relationship to you:

<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"/>
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Are they living with you?

Yes No



Child 3

As stated

Surname:

First name(s):

PPS No.:

Relationship to you:

Are they living with you? Yes No

Mother's/Stepmother's and Father's/Stepfather's details

Mother or Stepmother

72. Their PPS No.:

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

74. Their surname:

75. Their first name(s):

76. Their birth surname:

77. Their date of birth:
D D M M Y Y Y Y

78. Their address:

79. Current whereabouts (if not deceased):

80. Their date of marriage (if applicable):
D D M M Y Y Y Y

81. Their date of death (if applicable):
D D M M Y Y Y Y

82. Is the Mother/Stepmother providing for the child(ren)? Yes No

83. Is the parent getting any social security payment for the child(ren) from Korea? Yes No



Part 9 continued

Details if claiming Guardian's Payment (Contributory)

Please state:

Employer's name:

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Employer's address:

Date they worked there:

From:

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To:

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--	--

--	--	--	--

D D M M Y Y Y Y

Father or Stepfather

84. Their PPS No.:

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

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

Mr. Mrs. Ms. Other

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

86. Their surname:

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

87. Their first name(s):

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

88. Their birth surname:

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

89. Their date of birth:

D D M M Y Y Y Y

90. Their address:

91. Current whereabouts (if not deceased):

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

92. Their date of marriage (if applicable):

D D M M Y Y Y Y

93. Their date of death (if applicable):

D D M M Y Y Y Y

94. Is the Father/Stepfather providing for the child(ren)?

Yes No

95. Is the parent getting any social security payment for the child(ren) from Korea?

Yes No



Part 9 continued

Details if claiming Guardian's Payment (Contributory)

Please state:

Employer's name:

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

Employer's address:

Date they worked there:

From:							
To:							
	D	D	M	M	Y	Y	Y

As stated

Part 10

Details if claiming Bereavement Grant

96. Who paid the funeral expenses?

Name:

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

Address:

Important

If you do not claim within **12 months** of the date of death you may lose payment.

You must enclose a death certificate/coroner interim cert and the funeral bill or receipt with this application. The funeral bill or receipt must be in your name or you must provide written permission from the person responsible for the bill, allowing you to claim Bereavement Grant.

Part 11

Other information you wish to give

97. If there is any other information you wish to give about your claim, please give details in the space provided.

Important see Checklist in Part 12.



Have you enclosed the following?

- **Your most recent payslips**
(if you were employed during the last 12 months)
- **Statements from financial institutions for the last 3 months**
(if you, your spouse, civil partner or cohabitant have money or investments in a financial institution)
- **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 outside the Republic of Ireland:

- **Your birth certificate**
- **Your marriage certificate or civil partnership registration certificate**
- **Divorce Decree (Decree Absolute) certificate or Decree of Dissolution of civil partnership (if applicable)**
- **Your spouse's or civil partner's birth certificate**
- **Your late spouse's or civil partner's death certificate. If you do not yet have a death certificate for them, attach a press cutting showing their date of death, a Coroner's report is also acceptable**
- **Copy of order granting annulment if applicable**

- **Your child(ren)'s birth certificate(s)** (if born outside the Republic of Ireland and if applying for an increase for them). Note: No birth certificate is needed if you are already getting Child Benefit.

Original certificates only.

Please remember to sign the declaration in Part 1 and separately in Part 13 for the scheme you are applying for.

If you have any difficulty in filling in this form, please contact your local Social Welfare Office, Citizens Information Centre or The National Pension Service, Korea.

Send this completed application form to:

National Pension Service
7-16 Shincheon-dong
Songpa-gu
Seoul.

Data Protection and Freedom of Information

We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

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



Declaration for State Pension (Transition)

I retired on/will retire from

D D

M M

Y Y Y Y

If I take up employment or self-employment before my 66th birthday, I understand that I must tell the Department of Social Protection.

Your signature

Signature (not block letters)

Date:

D D

M M

2 0 Y Y Y Y

Declaration for Invalidity Pension

I am not currently engaged in any employment or self-employment. I will tell the Department of Social Protection if I take up employment or self-employment or if I am no longer permanently incapable of work.

Your signature

Signature (not block letters)

Date:

D D

M M

2 0 Y Y Y Y

Declaration for Widow's, Widower's or Surviving Civil Partner's
(Contributory) Pension

I declare that the information I have given is true and complete. If I am awarded a Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension, I will advise the Department of Social Protection if I remarry or if I cohabit (live with another person as a spouse or civil partners).

Your signature

Signature (not block letters)

Date:

D D

M M

2 0 Y Y Y Y

