



Irish benefits under the agreement on social security between Ireland and New Zealand

How to complete application form for Irish benefits under the agreement on social security between Ireland and New Zealand.

- 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. If a question does not apply to you, please leave the answer area blank.
- You need a Personal Public Service Number (PPS No.) before you apply.
- Log on to www.welfare.ie for more information.

If you need any help to complete this form, please contact International Records, Department of Social and Family Affairs, tel: + 353 1 704 3000 or the Ministry of Social Development, New Zealand.

How to fill in first page of this form

To help us in processing your claim:

- Print letters and numbers clearly.
- Use one character per box.

Please see example below.

1. Your PPS No.:

1	2	3	4	5	6	7	T		
---	---	---	---	---	---	---	---	--	--

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

Mr. Mrs. Ms. 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	1	7	0	4	3	0	0	0							
L	A	N	D	L	I	N	E								
0	8	6	1	2	3	4	5	6	7						
M	O	B	I	L	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 New Zealand

Part 1

Your own details

Verification by Ministry of Social Development, New Zealand

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:

L A N D L I N E

M O B I L 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.

Signature (not block letters)

Date:

20
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.

12. Are you?

- Single Widowed Remarried Divorced
 Married Cohabiting Separated

13. Do you wish to claim?

Tick (✓) one of the appropriate boxes

- State Pension (Transition) Payable at age 65 State Pension (Contributory) Payable 66
 Invalidity Pension Widow's or Widower's (Contributory) Pension
 Guardian's Payment (Contributory) Bereavement Grant

14. What is your Ministry of Social Development, New Zealand reference number?

15. 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:

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

Address:

Address:

16. Please give details of your employment in Ireland in the table below.

Employer's name and address (in Ireland)	Dates you worked there:		Occupation
	From	To	

Only complete this part if your spouse or partner is living. If you are widowed, please go to Part 3.

Your **spouse** is your husband or wife, including a spouse divorced from you.

Your **partner** is a man or woman who lives with you as husband or wife but is not married to you.

Please state:

Mr. Mrs. Ms. Other _____
Please specify

17. What is your spouse's or partner's full name?

Surname
First name(s)

18. What is their birth surname, if different?

19. If you do not live together, where do they live?

Address

20. What is their date of birth?

Day Month Year

Please attach their Birth Certificate if you are claiming an Increase for a Qualified Adult for them. There is no need to send in a certificate if the birth occurred within the Republic of Ireland.

21. Was your spouse or partner ever divorced?

Yes No

22. What is their Irish PPS No.?

Please tick (✓) which person, if any, you wish to claim an increase for and answer questions 23 to 31.

my spouse my partner my divorced spouse

Note: An Increase for a Qualified Adult is a means-tested payment based on the means of your spouse or partner.

23. What country was your spouse or partner born in?

24. Are you supporting them?

Yes No

25. If you live apart, how much maintenance do you give them, if any?

€ a week or month **NZ \$ a week or month**

26. Are they in employment (either full-time or part-time)?

Yes No

If 'Yes', please state:

Who they work for:

Employer's name
Address

Their gross earnings:
Gross earnings are earnings before tax or any other deductions.

€ a week **NZ \$ a week**

Please attach payslips for the last six weeks of employment.

27. Are they self-employed?

 Yes No

If 'Yes', please state:

Their gross earnings

€ a yearNZ \$ a year

Gross earnings are earnings before tax or any other deductions.

28. Are they getting or have they applied for any payment(s) from the Department of Social and Family Affairs, the Irish Health Service Executive or from another country?

 Yes No

If 'Yes', please state:

Name of payment:

Amount:

€ a weekNZ \$ a week

Claim or reference number:

29. Do they have any savings or investments?

 Yes No

If 'Yes', please state:

Details of Savings/Investment

Their current value:

€ a weekNZ \$ a week

If they are in a joint account or in their name only:

30. Do they own a business or property apart from the family home?

 Yes No

If 'Yes', please state:

Type of property or business:

Current market value:

€ NZ \$

Amount of income from this property:

€ a weekNZ \$ a week

31. Do they have income from any other source, such as an occupational or private pension?

 Yes No

If 'Yes', please state:

Source of income:

Amount:

€ a weekNZ \$ a week

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

32. What was your late spouse's full name?

Surname

First name

33. What was their birth surname, if different?

34. Where did they live (if different from address given in Part 1)?

Address

35. What was their date of birth?

Day Month Year

Please attach their Birth Certificate (original document or copy verified by Ministry of Social Development, New Zealand). There is no need to send in a certificate if the birth occurred within the Republic of Ireland.

36. What was their date of death?

Day Month Year

Please attach their Death Certificate (original document or copy verified by Ministry of Social Development, New Zealand). There is no need to send in a certificate if the death occurred within the Republic of Ireland.

37. What was their nationality?

38. Were they getting any payment(s) from the Irish Department of Social and Family Affairs?

Yes No

If 'Yes', please state:

Name of payment(s):

1.

2.

Amount(s):

1. € a week

2. € a week

Claim number(s):

1.

2.

39. If they lived in the Republic of Ireland, please state:

Their Irish PPS No.:

Their old Social Insurance Number in Ireland, if any (number used before 1979):

As stated

40. Please give details of your late spouse's employment in Ireland in the table below.

Employer's name and address (in Ireland)	Date(s) they worked there:		Occupation
	From	To	

41. Were you or your late spouse ever previously married?

Yes

No

If 'Yes', please answer the questions below.

If 'No', please go to Part 4.

Verification
by Ministry of
Social
Development
New Zealand

You

Your late spouse

Were you ever divorced? Yes No

Was your late spouse ever divorced? Yes No

If 'Yes', please enclose a copy of the Decree Absolute and answer the following questions. If you cannot remember exact dates, please give rough dates:

If 'Yes', please enclose a copy of the Decree Absolute and answer the following questions. If you cannot remember exact dates, please give rough dates:

— What was your first spouse's name?

— What was their first spouse's name?

— Where were they born?

— Where was their first spouse born?

— When did you marry your first spouse?

— When did they marry?

— In what country did you marry?

— In what country did they marry?

— When were divorce proceedings started?

— In what country did the divorce take place?

— What country were you living in when divorce proceedings started?

— What country was your former spouse living in when divorce proceedings started?

— When were divorce proceedings started?

— In what country did the divorce take place?

— What country was their (first) spouse living in when divorce proceedings started?

— What country was your late spouse living in when divorce proceedings started?

Have you or your late spouse had a marriage legally annulled in the Republic of Ireland?

Yes

No

If 'Yes', please attach a copy of the Order granting Annulment.

Part 4

Details of qualified children

You may get a Qualified Child Increase for children up to age 18 or over age 18 and under age 22 if in full-time education.

42. Do you have any children under age 18 or between 18 and 22 in full-time education? Yes No

If 'Yes', please give details here, starting with the eldest:

Child's full name	Date of birth			Their Irish PPS No.	Relationship to you	Is this child living with you?
	Day	Month	Year			

Please attach a letter from the school or college for any child aged between 18 and 22 to confirm they are in full-time education.

If any of the above children are not living with you, please state the amount of maintenance paid by you, if any:

€ a week

NZ \$ a week

Part 5

Claim for Living Alone Increase

You may qualify for a Living Alone Increase if you are living entirely or mainly alone and you are:

- receiving Invalidity Pension (at any age),
or
- aged 66 or over and receiving, State Pension (Contributory) or Widow's or Widower's (Contributory) Pension.

Do you wish to claim a Living Alone Increase?

Yes

No

If 'Yes', are you living entirely or mainly alone?

Yes

No

Date from which you have lived alone ?

Day

Month

Year

Please ask one of the people listed below to fill in their details under this statement.

I certify that the applicant is living entirely or mainly alone. This part was completed by the applicant today in my presence. I am not related to the applicant.

Signed _____

Date _____

Address _____

Occupation _____

Get one of the following to sign the certificate:

Justice of the Peace, Barrister or Solicitor

Minister of Religion (state denomination and address of place of worship)

Medical Practitioner

Member of Parliament

Head Teacher or Lecturer at a University (state name and address of School or College)

Police Officer

Clerk or member of a Local Authority

Community Welfare Officer

Postmaster

Ministry of Social Development, New Zealand

Official Stamp

Part 6

Details if claiming Invalidity Pension

43. What date did you finish working?

Day

Month

Year

Please attach certificate of cessation of employment

44. What payment are you currently getting?

45. What date did you start getting this payment?

Day

Month

Year

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

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.

Orphans' social insurance details

47. Please give details of children here, starting with the eldest:

Child's full name	Date of birth			Their Irish PPS.No.	Relationship to you	Is this child living with you?
	Day	Month	Year			

Verification by Ministry of Social Development, New Zealand

Details of orphans' parents

48. Please state:

Mother or stepmother

Surname:

First name(s):

Birth surname if different:

Current address (if married and you and your spouse are not living together give both addresses):

Previous address:

Current whereabouts (if not deceased)

Father or stepfather

Irish PPS Number, if known:

Date of Birth: (attach Birth Certificate(s) if birth occurred outside Republic of Ireland)

Date of marriage if applicable: (attach Marriage Certificate(s) if marriage occurred outside Republic of Ireland)

Date of death if applicable: (attach Death Certificate(s) if death occurred outside Republic of Ireland)

Mother or stepmother

Figures						Letter(s)

Day	Month	Year

Day	Month	Year

Day	Month	Year

Father or stepfather

Figures						Letter(s)

Day	Month	Year

Day	Month	Year

Day	Month	Year

As stated

49. Is the parent providing for the orphan?

Yes No

Yes No

50. Is the parent getting any social security payment for the orphan from New Zealand?

Yes No

Yes No

51. What is the name and address of the parent's last employer?

Employer's name

Employer's name

Employer's address

Employer's address

52. When did the parent work there?

From To

From To

Part 8

Payment details

53. Please tick (✓) type of account you will be using:

Account in your name **only** (complete Section A and C below)

or

Joint account (complete Section A,B and C below)

Section A	Section B
Your details	Details of other joint account holder

Your surname:

First name(s):

Address:

Telephone number, if any:

Their surname:

First name(s):

Address:

Telephone number, if any:

Section C	Financial Institution
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Country to which you want your pension paid:

Name of financial institution:

Branch Name and full Postal Address

To be completed by financial institution
Details entered are correct

Signed:

Official stamp

Branch Telephone number:

Branch Fax number:

Branch code (you can get this from your financial institution):

Swift code (you can get this from your financial institution, if available):

Your account number:

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

Have you or has your (late) spouse been employed in any of the following countries?

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

Yes No

If 'Yes', please state country and any Social Security Number relevant to employment in that country.

Part 10

Details if applying for Bereavement Grant

54. Who paid the funeral expenses?

Name

Address

- You must claim within **12 months** of the date of death. If you don't you may lose benefit.
- You must enclose the funeral bill and Death Certificate with this form.

Part 11

Other relevant information

I declare that the information given in this application is true and complete. I will tell the Department of Social and Family Affairs, International Records, Oisín House, Pearse St., Dublin 2, Ireland, if my circumstances change in any way. I authorise **Ministry of Social Development, New Zealand**, to give the Department of Social and Family Affairs all information it holds that relates to, or could relate to, this application.

Your signature or mark

Date

(not block letters)

If you cannot sign, make your mark and have it witnessed. The witness should sign below.

Signature of witness

Date

(not block letters)

Address of witness

Declaration for State Pension (Transition)

I retired on/will retire from

Day

Month

Year

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

Your signature

Date

(not block letters)

Declaration for Invalidity Pension

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

Your signature

Date

(not block letters)

Declaration for Widow's or Widower's (Contributory) Pension

I declare that the information I have given is true and complete. If I am awarded a Widow's or Widower's (Contributory) Pension, I will advise the Department of Social and Family Affairs if I remarry or if I cohabit (live with another person as husband and wife).

Your signature

Date

Send this completed application form to:

**International Services
New Zealand Ministry of Social Development
PO Box 27178
Wellington**

or

hand it into your nearest Ministry of Social Development Office

Data Protection and Freedom of Information

We, the Department of Social and Family Affairs, 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.