Application for Retirement Pension, Old Age Contributory Pension, Widow’s or Widower’s Contributory Pension or Orphan’s Contributory Allowance

Investigation of an application for Retirement Pension, Old Age Contributory Pension, Widow’s or Widower’s Contributory Pension or Orphan’s Contributory Allowance

The person whose details are given below has made a claim for:

- Old Age Contributory Pension
- Retirement Pension
- Widow’s or Widower’s Contributory Pension
- Orphan’s Contributory Allowance

under the Social Welfare Acts of the Republic of Ireland by virtue of the provisions of:

Article 17 18 19 24 28 of the Convention

Where appropriate (see item 8 of part 1) in accordance with Section 10 of the Administrative Arrangements, you are requested to complete PART 2 of this form and to return one copy to the competent authority at the address at the top of the page.

Part 1

1. State Date of Claim

<table>
<thead>
<tr>
<th>FIGURES</th>
<th>LETTER(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Complete in respect of APPLICANT and their spouse or partner (if applicable)

   Applicant’s details

   - [ ] Mr.  [ ] Mrs.  [ ] Ms.

   Surname

   First Name(s)

   Maiden Name

   Sex

   - [ ] Male  [ ] Female

Irish PPS No.* (same as RSI Number)

   FIGURES

   | LETTER(S) |
   |--------|-----------|
   |   |   |

UK National Insurance Number

   | FIGURES |
   | LETTER(S) |
   |--------|-----------|
   |   |   |

* Personal Public Service Number
3. Applicant’s Details cont’d

Applicant’s Date of Birth

<table>
<thead>
<tr>
<th>DAY</th>
<th>MONTH</th>
<th>YEAR</th>
</tr>
</thead>
</table>

Is the Applicant?

- Single
- Married
- Widowed
- Separated
- Divorced

- If MARRIED state
  Date of Marriage

<table>
<thead>
<tr>
<th>DAY</th>
<th>MONTH</th>
<th>YEAR</th>
</tr>
</thead>
</table>

- If DIVORCED state
  Date of Divorce

<table>
<thead>
<tr>
<th>DAY</th>
<th>MONTH</th>
<th>YEAR</th>
</tr>
</thead>
</table>

- If WIDOWED state
  Spouse’s Date of Death

<table>
<thead>
<tr>
<th>DAY</th>
<th>MONTH</th>
<th>YEAR</th>
</tr>
</thead>
</table>

Applicant’s FULL Address

.............................................................................................................................................................
.............................................................................................................................................................

Last Address in the UNITED KINGDOM (number, street, place, postal code), if known

.............................................................................................................................................................
.............................................................................................................................................................

Social Insurance Number in Ireland (pre-April 1979)

.............................................................................................................................................................

PPS Number in Ireland (same as RSI Number)

<table>
<thead>
<tr>
<th>FIGURES</th>
<th>LETTER(S)</th>
</tr>
</thead>
</table>

United Kingdom National Insurance Number

.............................................................................................................................................................
### Spouse or Partner’s details

- **Mr.**
- **Mrs.**
- **Ms.**

**Spouse or Partner’s Surname**

**First Name(s)**

**Maiden Name**

**Sex**

- Male
- Female

**Spouse or partner’s Date of Birth**

- Day
- Month
- Year

- **( )** verified
- **( )** not verified

**Their FULL Address**

- 
- 

**Spouse or partner’s LAST ADDRESS in United Kingdom**

(number, street, place, postal code), if known

**Their Social Insurance Number in Ireland (pre-April 1979)**

**Their PPS Number in Ireland**

(same as RSI Number)

**Their United Kingdom National Insurance Number**

### Details of children

Please give details of ALL children as follows (use BLOCK letters):

<table>
<thead>
<tr>
<th>CHILD’S NAME</th>
<th>Date of Birth</th>
<th>verified</th>
<th>not verified</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURNAME</td>
<td>FIRST NAME(S)</td>
<td>DAY MTH YEAR</td>
<td>( ) ( )</td>
</tr>
</tbody>
</table>
Please give details of APPLICANT’S IRISH insurance record as follows:

### APPLICANT’S Insurance Record

<table>
<thead>
<tr>
<th>Contribution Year</th>
<th>Number of Weekly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM DAY MTH YEAR</td>
<td>TO DAY MTH YEAR</td>
</tr>
<tr>
<td>Contributions PAID</td>
<td>Employed Self-Employed Voluntary</td>
</tr>
<tr>
<td>Credits</td>
<td></td>
</tr>
</tbody>
</table>

Continue on a separate sheet if necessary
Please give details of SPOUSE’S or PARTNER’S Irish insurance record as follows:

<table>
<thead>
<tr>
<th>Contribution Year</th>
<th>Number of Weekly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM</td>
<td>TO</td>
</tr>
<tr>
<td>DAY MTH YEAR</td>
<td>DAY MTH YEAR</td>
</tr>
<tr>
<td></td>
<td>Contributions PAID</td>
</tr>
<tr>
<td></td>
<td>Employed</td>
</tr>
<tr>
<td></td>
<td>Self-Employed</td>
</tr>
<tr>
<td></td>
<td>Voluntary</td>
</tr>
<tr>
<td></td>
<td>Credits</td>
</tr>
</tbody>
</table>

Continue on a separate sheet if necessary
Part 1 continued

Details of application

8. The applicant is entitled to a Republic of Ireland pension at the full rate. Details of the 
United Kingdom insurance record are not required. 

[] The applicant is entitled to benefit independently of the Convention. 
Completion of Part 2 is not required unless their period of insurance is less than 50 weeks. 

[] The applicant is not entitled to benefit independently of the Convention. Please complete 
Part 2 and return the form to us.

9. We understand the applicant has been insured in:

[ ] Jersey [ ] Guernsey

Please send a copy of this form (fully completed at Part 2) to the country indicated and obtain their 
record if necessary.

10. Recovery of Benefit

[ ] There are grounds for making deductions to compensate for overpayment in accordance with 
Article 30 of the Convention. Any pension arrears should not be paid direct to the beneficiary 
but should be sent to this Department.

[ ] There are no grounds for making deductions to compensate for overpayment in accordance 
with Article 30 of the Convention. Any pension arrears should be paid direct to the 
beneficiary.

11. Minimum Insurance Provision

[ ] The applicant is not entitled to benefit independently of the Convention. Periods of Irish 
insurance are less than the prescribed minimum in Article 18(8) and must be taken into 
account when determining the United Kingdom pension entitlement. Completion of 
Part 2 is NOT required.

12. Increase of Benefit for Children

[ ] The applicant lives in the Republic of Ireland, and

[] there is an entitlement to benefit independently of the Convention. We will pay 
an increase for the child(ren).

[] there is no entitlement to benefit independently of the Convention. If the 
applicant becomes entitled to benefit under Article 18(3) we will pay an increase 
for the dependent child(ren).

[ ] The applicant does not live in the Republic of Ireland. We will not consider an award of 
benefit for the child(ren) unless you tell us that you will not pay an increase of benefit for 
them. Please complete Part 2 - Question 17.

[ ] The applicant was not lastly resident in the Republic of Ireland. Please consider an award of 
benefit for the child(ren) under Article 22(3).

Signature: 
(Not block letters)

Name: 
(Print name)

Date: 

Official Stamp
13. Please give details of **APPLICANT’S UNITED KINGDOM** insurance record as follows:

<table>
<thead>
<tr>
<th>Contribution Year</th>
<th>Number of Weekly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM</td>
<td>TO</td>
</tr>
<tr>
<td>DAY</td>
<td>MTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contributions PAID</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>Self-Employed</td>
</tr>
</tbody>
</table>

Continue 13 and/or 14 on a separate sheet if necessary

14. Please give details of **SPOUSE’S OR PARTNER’S UNITED KINGDOM** insurance record as follows:

<table>
<thead>
<tr>
<th>Contribution Year</th>
<th>Number of Weekly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM</td>
<td>TO</td>
</tr>
<tr>
<td>DAY</td>
<td>MTH</td>
</tr>
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</thead>
<tbody>
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<td>Employed</td>
<td>Self-Employed</td>
</tr>
</tbody>
</table>
Part 2 continued

To be completed by the UNITED KINGDOM AUTHORITIES

There is an insurance record in:

☐ Jersey  ☐ Guernsey

Which is less than the prescribed minimum in Article 18(4):

☐ this insurance is included above for use under Article 18(3)

☐ this insurance is not included above. Details of:

☐ Jersey  ☐ Guernsey

insurance for use under Article 18(3) or Article 18(4) will be forwarded on receipt.

15. Recovery of Overpaid Benefit

☐ In accordance with Article 30 of the Convention, arrears of United Kingdom benefit will be sent to you.

☐ There are no arrears available for recovery.

☐ We have not yet decided the claim. We will advise you later about arrears.

16. Minimum Insurance Provision

☐ The applicant is not entitled to benefit independently of the Convention. Periods of United Kingdom insurance are less than the prescribed minimum in Article 18(3) and must be taken into account when determining the Irish pension entitlement.

17. Increase of Benefit for Children

☐ The applicant lives in the United Kingdom but is not entitled to benefit either under or independently of the Convention. Please consider paying an increase of Benefit for the child(ren).

Department of Social Security

Signature: ___________________________

(Not block letters)

Name: ___________________________

(Print name)

Date: ________________  Direct line: ________________

Fax No.: ________________  Switchboard: ________________  Ext: ________________

Official Stamp

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.