



Death Benefits under the Occupational Injuries Scheme

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

How to complete this application.

- 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.

Widow, Widower or Surviving Civil Partner complete **Parts 1 to 6** of this form. When form is completed, read **Part 7** and sign declaration in **Part 1**.

Orphan's Pension complete **Parts 1 to 5**. When form is completed, read **Part 7** and sign declaration in **Part 1**.

Funeral Grant complete **Parts 1 to 5**. When form is completed, read **Part 7** and sign declaration in **Part 1**.

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

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

Important:

You must apply within **3 months** of the date of death, otherwise you may lose payment.

You must enclose a death certificate with this application.

How to fill in first page of 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 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		Postcode										
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

18. If you have not applied within 3 months of the deceased person's death, please give a reason(s) why.

Part 2(A)

Details of deceased person(s)

Complete this part if the deceased person was aged 18 or over.

19. Their PPS No.:

20. Their surname:

21. Their first name(s):

22. Their birth surname:

23. Their address:

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

25. If they were married or in a civil partnership, from what date?
D D M M Y Y Y Y

Please attach their marriage certificate or civil partnership or civil union registration certificate (we do not accept photocopies).

26. What date did they die?
D D M M Y Y Y Y

Attach the original death certificate.

Part 3

Details of your qualified child(ren)

40. Do you wish to apply for Orphan's Pension? Yes No

If 'Yes', please fill in details on Q41.

41. Do you wish to apply for qualified child(ren)? Yes No

If 'Yes', how many are under 18 and between 18-22 in full time education.

under age 18 aged 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:

First name(s):

PPS No.:

Date of birth:

Are they living with you? Yes No

Child 2

Surname:

First name(s):

PPS No.:

Date of birth:

Are they living with you? Yes No

Child 3

Surname:

First name(s):

PPS No.:

Date of birth:

Are they living with you? Yes No

Child 4

Surname:

First name(s):

PPS No.:

Date of birth:

Are they living with you? Yes No

Note: A separate sheet of paper can be used for details of other children you have.

Living Alone Increase

You may get a Living Alone Increase if you are aged 66 or over, getting a **Widow's, Widower's or Surviving Civil Partner (Contributory) Pension or Death Benefit under the Occupational Injuries Scheme** and live alone or mainly alone.

Log on to www.welfare.ie for more information.

42. If you wish to claim a Living Alone Increase, please state:

Date you started living alone:

D	D

M	M

Y	Y	Y	Y

Fuel Allowance

This allowance is means tested and is subject to your household composition. Only one person in a household can get this allowance.

43. Do you wish to apply for a Fuel Allowance?

Yes

No

If 'No', please go to Part 5.

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

44. Your details:

Gross weekly income: €

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 a week

This includes all earnings such as, pensions from both their previous employment and their late spouse's employment.

Total savings/ investments: €

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Value of property: (other than family home) €

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Rent from this property: (other than family home) €

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 a week

Profit from business: €

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 a year

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

45. The following persons live with me.

Person 1

Name:

PPS No.:

Gross weekly income: € , . a week

This includes all earnings such as, pensions from both their previous employment and their late spouse's employment.

Total savings/ investments: € , .

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

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

Profit from business: € , . a year

Person 2

Name:

PPS No.:

Gross weekly income: € , . a week

This includes all earnings such as, pensions from both their previous employment and their late spouse's employment.

Total savings/ investments: € , .

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

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

Profit from business: € , . a year

Person 3

Name:

PPS No.:

Gross weekly income: € , . a week

This includes all earnings such as, pensions from both their previous employment and their late spouse's employment.

Total savings/ investments: € , .

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

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

Profit from business: € , . a year

46. 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.

If 'Yes', was the divorce/dissolution granted in the Republic of Ireland?

Yes No

If 'No', please state:

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

[Grid for surname]

Their first name:

[Grid for first name]

Country they was born in:

[Grid for country]

Date you married or entered a civil partnership with them:

[Grid for date] DD MM YYYY

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

[Grid for country]

Date divorce or dissolution proceedings started:

[Grid for date] DD MM YYYY

Country you were living when divorce or dissolution proceedings started:

[Grid for country]

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

[Grid for country]

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

Yes No

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

Yes No

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

If 'Yes', was the divorce or dissolution granted in the Republic of Ireland?

Yes No

If 'No', please state:

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

[Grid for surname]

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

[Grid for first name]

Country their spouse/civil partner was born in:

[Grid for country]

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

[DD] [MM] [YYYY] (DD, MM, Y, Y, Y, Y)

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

[Grid for country]

Date divorce or dissolution proceedings started:

[DD] [MM] [YYYY] (DD, MM, Y, Y, Y, Y)

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

[Grid for country]

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

[Grid for country]

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

Yes No

48. Have you ever obtained a State annulment?

Yes No

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

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

Yes No

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

Have you enclosed the following?

Remember in all cases to send a death certificate with your application. Original certificates only.

- Your birth certificate
- Your marriage certificate or civil partnership or civil union registration certificate
- Divorce Decree (Decree Absolute) certificate or Decree of Dissolution of civil partnership
- Your spouse's or civil partner's birth certificate
- Your spouse's or civil partner's death certificate.
- Copy of order granting annulment
- 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 for these children.
- Letter from school or college

You must attach written confirmation from the school or college confirming that any child(ren) aged 18 - 22 listed in **Part 3** of this form are in full time education.

If you are claiming for Fuel Allowance, please make sure that you have you fully completed Questions 43 to 45 in Part 4.

Please remember to sign the Declaration in Part 1.

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

Send this completed application form to:

Disablement Benefit Section

Social Welfare Services
Government Buildings
Ballinalee Road
Longford

Telephone: (043) 334 0000

LoCall: 1890 92 77 70

If calling from outside the Republic of Ireland please call + 353 43 334 0000

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.