



# Application form for Health and Safety Benefit

## How to complete application form for Health and Safety Benefit.

- 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.

### Employee:

If you are an **employee** fill in **Parts 1, 2, 3, 5, 6 and 7** as they apply to you. When form is completed, read **Part 9** and sign declaration in **Part 1**.

### Self-employed:

If you are **self-employed** fill in **Parts 1, 2, 3, 5, 6 and 7** as they apply to you. When form is completed, read **Part 9** and sign declaration in **Part 1**.

### Employer:

If you are an **employer** fill in **Part 4**. Please make sure you sign and stamp this part of the form.

### Doctor:

Please fill in **Part 8** of the form. Please make sure you sign and stamp this part of the form.

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

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

### Important:

If you do not submit this form within 6 months of becoming eligible you could lose benefit.

## 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 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											
	MOBILE																				
	0	1	7	0	4	3	0	0	0												
	LANDLINE																				
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E			

# SAMPLE







## Part 3

## Your payment details

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

### Financial Institution

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

Name of financial institution:	<input type="text"/>
Sort code:	<input type="text"/>
Account number:	<input type="text"/>
Bank Identifier Code (BIC):	<input type="text"/>
International Bank Account Number (IBAN):	<input type="text"/>
Name(s) of account holder(s):	
Name 1:	<input type="text"/>
Name 2 (if any):	<input type="text"/>

## Part 4

## Employer's information

### TO BE COMPLETED BY EMPLOYERS ONLY

- Please make sure you SIGN and STAMP this part of the form.
- If your employee has been working for you for less than 12 months before the start of her Health and Safety leave, please forward a copy of P45 from previous employment.

24. What is your employee's full name?

25. Please confirm her PPS No?

26. Please give details of your employee's PRSI record for the 12 month period immediately before her baby is due:

Period of employment:

From:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of weeks:	PRSI class:
To:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D D	M M	Y Y Y Y		

If your employee has more than one class of PRSI (for example, if their PRSI changed from Class A to Class J), please give details.

Period of employment:

From:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of weeks:	PRSI class:
To:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D D	M M	Y Y Y Y		









A qualified child is a child for whom you wish to claim an allowance.  
For more information, log on to [www.welfare.ie](http://www.welfare.ie).

33. 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.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:







**Has your employer completed Part 4?**

**Has your doctor completed Part 8?**

**Have you enclosed the following?**

- Letter from school or college (if you have child(ren) aged between 18 and 22 who are in full-time education).
- Your P45 (if applicable).

**In respect of your Spouse/Partner (if applicable):**

- If employed – their 6 most recent payslips.
- If self-employed – their Notice of Assessment of Tax.

**If married outside the Republic of Ireland:**

- A verified copy of your marriage certificate\*

\* to have verified, please bring to any Garda Station or office of the Department of Social Protection.

**You should note that your claim for Health and Safety Benefit cannot be processed until we receive the documentation indicated above.**

**Please remember to sign the declaration in Part 1.**

Send this completed application form to:

**Health and Safety Benefit Section**

FREEPOST

Department of Social Protection

Inner Relief Road

Ardarvan

Buncrana

Co. Donegal.

LoCall: 1890 690 690 (from the Republic of Ireland only)

Telephone: + 353 1 4715898 (from Northern Ireland or overseas)

**Note**

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

**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.

