



State Pension (Transition) or State Pension (Contributory)

How to complete application form for State Pension (Transition) or State Pension (Contributory).

- 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 do not have a spouse or partner fill in **Parts 1, 2, 3, 4, 5, and 6** as they apply to you. When form is completed, read **Part 10** and sign declaration in **Part 1**.

If you have a spouse or partner fill in **Parts 1, 2, 3, 4, 5, 6 and 7** as they apply to you. Fill in **Part 8** if you wish to claim an increase for your spouse or partner. **Part 9** must be filled in and signed by your spouse or partner. When form is completed, read **Part 10** and sign declaration in **Part 1**.

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

Important:

You should apply **3 months** before reaching pension age.

If you do not claim within **12 months** of becoming eligible, you could lose some payment.

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

SAMPLE



State Pension (Transition) or State Pension (Contributory)

Part 1

Your own details

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:

LANDLINE

MOBILE

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:
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

12. Are you?

- Single Widowed Remarried Divorced
 Married Cohabiting Separated

13. If you are married or cohabiting, from what date?

D	D	M	M	Y	Y	Y	Y

Please attach your Marriage Certificate if married outside the Republic of Ireland.

Part 2

Your work and claim details

14. 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

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:

Address:

16. 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.

17. If you were ever self-employed in the Republic of Ireland, please state:

Dates of self-employment:
 From:
 To:
D D M M Y Y Y Y

18. If you have ever lived or been employed outside the Republic of Ireland, please specify the details below. We will notify other countries covered by EU Regulations or Bilateral Agreements that you may be entitled to a pension from them.

Country 1

Country:

Employer's name:

Employer's address:

Your social insurance number while there:

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

Type of work:



Country 2

Country:

Employer's name:

Employer's address:

Your social insurance number while there:

Dates you worked there:

From:

To:

D D M M Y Y Y Y

Type of work:

Country 3

Country:

Employer's name:

Employer's address:

Your social insurance number while there:

Dates you worked there:

From:

To:

D D M M Y Y Y Y

Type of work:

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



Part 2 continued

Your work and claim details

19. If you are getting a pension or allowance from another country, please state:

Name of country:

Your claim or reference number:

Amount:

€ , . a week

20. If your spouse or partner is getting paid for you on their pension or allowance, please state:

Their PPS No.:

Part 3

Your payment details

You can get your payment at your local post office or direct to your current, deposit or savings account in a financial institution. Please complete either option below.

Post Office

Post Office address:

Financial Institution

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

Name of financial institution:

Sort code:

Account number:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):



Part 4

Details of your qualified child(ren)

21. 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.:

Part 5

Homemaker's details

22. Since 6 April 1994, if you spent time caring for dependent child(ren) under age 12 or for an ill or disabled person, on a full-time basis, please state the person's:

Surname:

First name(s):

Dates you were caring:

From:

To:

D D

M M

Y Y Y Y

Part 6

Other payments

Living Alone Increase

You may get a Living Alone Increase if you are aged 66 or over, getting a **State Pension (Contributory)** and live alone or mainly alone.

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

23. 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.

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

Yes No

If 'No', please go to Part 7.

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

25. Your details.

Gross weekly income: € , .

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

26. The following persons live with me.

Person 1

Name:

PPS No.:

Gross weekly income: € , .

Total savings/ investments/property value: (not family home) € , .

Profit from business: € , . a year

Person 2

Name:

PPS No.:

Gross weekly income: € , .

Total savings/ investments/property value: (not family home) € , .

Profit from business: € , . a year



Person 3

Name:

PPS No.:

Gross weekly income: € , .

Total savings/
investments/property
value: (not family home) € , .

Profit from business: € , . a year

Person 4

Name:

PPS No.:

Gross weekly income: € , .

Total savings/
investments/property
value: (not family home) € , .

Profit from business: € , . a year

Person 5

Name:

PPS No.:

Gross weekly income: € , .

Total savings/
investments/property
value: (not family home) € , .

Profit from business: € , . a year

Extra benefits

Log on to www.welfare.ie for more information on extra benefits available to pensioners.



Part 7

Your spouse's or partner's details

27. Their PPS No.:

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

Mr. Mrs. Ms. Other

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

29. Their surname:

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

30. Their first name(s):

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

31. Their birth surname:

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32. Their mother's birth surname:

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

33. Their date of birth:

D	D	M	M	Y	Y	Y	Y		

34. Their address:

Only answer this question if you are married and do not live together.

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



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

Yes No

If 'No', please go to Part 10.

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

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

Gross income: € , . a week

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

Gross income: € , . a week

38. If your spouse or partner is getting or has applied for any payment(s) from this Department or from the Health Service Executive, please state:

Name of payment:

Amount: € , . a week

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

Name of country:

Their claim or reference number:

Amount (in euros): € , . a week

40. If you are paying maintenance, please state:

Amount: € , . a week

41. If they own stocks, shares or investments, please state:

Their value: € , .

42. If they have savings in a financial institution, please state:

Amount of savings: € , .

43. If they own property, other than their home, please state:

Market value of property: € , , .

44. If this property is rented out, please state

Rental income: € , . a week



Have you enclosed the following?

- **Your P60 for the last full tax year before you reach(ed) age 65 or 66**
(if you were employed for that year)
- **Letter from school or college**
(if you have child(ren) aged between 18 and 22 who are in full-time education)

If born or married outside the Republic of Ireland:

- **Your birth certificate**
- **Your marriage certificate**
- **Your spouse's or partner's birth certificate** (if applying for an increase for them)
- **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.

Original certificates only.

Please remember to sign the declaration in Part 1. If you have any difficulty in filling in this form, please contact your local Social Welfare Office or Citizens Information Centre.





Send this completed application form to:

State Pension (Contributory) Section
Social Welfare Services
Department of Social Protection
College Road
Sligo

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.

