

Application form for Death Benefits under the Occupational Injuries Scheme



Please tick (✓) whatever you are applying for:

- Widow's or Widower's Pension Complete **all** of this form.
- Orphan's Pension. Complete Parts **1 to 5** and Parts **8 to 10**.
- Dependent Parents' Pension. Complete Parts **1 to 5** and Parts **7 to 10**.
- Funeral Grant. Complete Parts **1 to 5** and Parts **9 to 10**.

- Please read information booklet **SW 32** before completing this form.
- Please use BLOCK LETTERS and place a tick (✓) in the appropriate boxes.
- Please answer **all** questions fully. If you fail to do so your application may be delayed.

If you need any help to complete this form, please contact your local Social Welfare Office or Disablement Benefit Section at Longford (043) 334 00 00 or Dublin (01) 704 3000

Part 1

Your own details

Please state:

- Mr.
 Mrs.
 Miss
 Ms.
 Other _____
Please specify

1. What is your full name?

Last name

First name(s)

2. What is your birth surname? (your surname before you married, if different)?

Birth Surname

3. Where do you live?

Address

4. What is your telephone number?

Code

Local number

5. What is your date of birth?

Day
 Month
 Year

Attach your Birth Certificate (We do not accept photocopies).

6. What country were you born in?

7. What address did you live at before moving to the one given above, if any?

Address

8. What is your Personal Public Service Number (PPS No.)? (same as RSI or tax number)

Figures						Letter(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. What is your old Social Insurance Number if you have one?

This number was used before 1979.

10. If you are married, when did you get married?

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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Attach your Marriage Certificate (We do not accept photocopies).

11. Please state how you were related to the deceased:

- Husband or Wife
- Dependent parent
- Other relative

Type of relation

Examples include son, daughter, brother, sister, aunt, uncle or in-law etc.

12. Were you living with the deceased at the time of their death?

Yes No

If 'No', were you being maintained by them?

Yes No

'Maintained' means they were giving you money for your care.

You can get Death Benefits paid direct to your bank or building society account.

This account must be a current or deposit savings account (not a mortgage account)

Direct payment has a number of advantages:

- your pension is lodged directly to your account on the day of payment,
- your pension is available at a time and place that suits you, and
- you are less likely to deal with delays and queuing.

Dealings between you and your financial institution remain confidential. The Department does not have access to your bank or building society account.

13. Please state if you want to get your payment

- into a bank account into a building society account
- into an An Post Pensions Savings Account by a book of payable orders at a post office
- by Electronic Information Transfer (EIT) at a post office (using your social services card)

Direct to a bank account or building society account

14. If you want to get your pension by direct payment, please give details of your bank or building society

Name of bank or building society

Address

Name on the account

The account must be in your name or jointly held by you.

Type of account:

Account number (8 digits).

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Bank sort code (you can get this from your branch)

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If with First Active PLC you must use a deposit account.

Post Office Payment

15. If you want your pension paid into an An Post Pensions Savings Account, please give details.

For official use only	
Sort code	90 89 40
Pension savings account number	<input type="text"/>

Note: To withdraw money from an An Post Pensions Savings account, you will have to give your post office 7 days' notice.

16. If you would like to be paid by a book of payable orders that you can cash at a post office, please state:

Name of post office:

Address:

If you are unable to collect or cash your payment at the post office and you want someone else (known as an agent) to do so for you, please give:

Your agent's name:

Your agent's address:

Your signature:

Date:

Ask the person you have appointed as agent to sign below:

I agree to act to act as agent for

and agree to collect the

pension at the post office named above for them.

Agent's signature:

Date:

17. If you would like to be paid by EIT at a post office, using a social services card, please state:

Name of post office:

Address:

18. Are you getting any payment from a country covered by EC Regulations?

Yes

No

If 'Yes', please state:

Name of payment:

Amount of payment:

€ weekly or monthly

Claim or reference number:

Your address at that time:

19. Are you getting any other payment from this Department or from the Health Service Executive (HSE)?

Yes

No

If 'Yes', please state:

Name of payment:

Amount you get paid:

€ weekly or monthly

Claim or reference number:

Name of office that pays you:

20. What is the full name of the deceased person?

'Birth surname' is name before married, if different

Last name

First name(s)

Birth surname (if any)

21. Where did they live?

This question applies only if you and the deceased person did not live at the same address.

Address

22. What country were they born in?**23. What was their date of birth?**

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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Attach their birth Certificate. (We do not accept Photocopies).

24. What was their PPS No.?

Figures								Letter(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

25. What was their old social insurance number if you know it?

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This number was used before 1979

26. What date did they die?

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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Attach their death certificate.

If you do not have their death certificate, please send it in as soon as you get it.

27. At the time of their death were they employed?

Yes No

'Employed' means they were working for another person or company and getting paid for that work.

If 'Yes,' please state:

Name

Name and address of employer:

Address

Their occupation:

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28. Did they die because of a work-related accident?

Yes No

If 'Yes', please state:

When the accident happened?

Day Month Year

If you cannot remember the exact date tell us roughly when the accident happened.

Time accident happened am or pm

Where the accident happened?

What they were doing at the time of the accident:

How the accident happened:

29. Did they die because of a work-related disease?

Yes No

If 'Yes', please state:

Name of disease:

Cause of disease:

30. Were they getting Disablement Pension at the time of their death?

Yes No

Part 5

Details of funeral expenses

31. Do you want to apply for funeral expenses?

Yes No

If 'Yes', please state how much the funeral cost:

€

32. Did you pay the funeral costs?

Yes No

If 'Yes' please attach receipts.

If you did not pay the funeral costs please state name and address of the person who did:

Name
 Address

Part 6

Late application details

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

34. Have you ever been divorced?

Yes No

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

35. If you are divorced, was the divorce granted in this State?

Yes No

If 'No', please state:

(If you cannot remember exact dates, tell us roughly these dates.)

Your first spouse's name:

Country they were born in?

When you married them?

Day Month Year

Country where you married them:

When divorce proceedings started:

Day Month Year

Country where you lived when divorce proceedings started:

Country where your first spouse lived when divorce proceedings started

Did you marry anyone besides your late spouse since your divorce?

Yes No

36. Was your late spouse ever divorced?

Yes No

If 'Yes', attach a copy of their Decree Absolute or Decree of Divorce.

37. If your late spouse was divorced, was the divorce granted in this State?

Yes No

If 'No', please state:

(If you cannot remember exact dates, tell us roughly):

Their first spouse's full name?

What country their first spouse was born in?

When your late spouse married them:

Day Month Year

What country were they married in?

When their divorce proceedings started?

Day Month Year

Country where your late spouse lived when their divorce proceedings started?

Country where their first spouse lived when divorce proceedings started, if different?

Did your late spouse marry anyone besides you since their divorce?

Yes No

38. Have you or your late spouse ever had a marriage annulled by the state?

Yes No

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

39. Do you wish to apply for a Living Alone Increase?

Yes No

A 'Living Alone Increase' is paid if you are aged 66 or over and you live mainly or entirely alone.

If 'Yes' a Social Welfare Inspector may call to check that you live alone.

Yes No

40. Do you have a child or children under age 18, or aged between 18 and 22 in full-time education?

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

For children between age 18 and 22 who are in full-time education please get a letter from the school or college to confirm they are attending on a full-time basis.

Child's full name	Date of birth			How are they related to you?	Are they living with you?
	Day	Month	Year		

Attach Birth Certificates for each child (long version only) if you are not getting Child Benefit for them.

If any of the above named children are not living with you where do the children live?

Child's name	Who does this child live with?	What maintenance do you pay, if any?
		€
		€
		€

41. If you are getting Child Benefit, what is your Child Benefit Number?

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42. Are you getting any other payment(s) apart from Child Benefit for these children?

Yes No

If 'Yes', please give details here:

Name of payment	Claim or reference number	Amount of payment
		€
		€
		€

43. Did all the children live with you and your late spouse at the time of their death?

Yes No

Your application will be delayed if you do not send all the certificates and documents needed with this form. If you can not send in one please enclose a note stating that the certificate or document will follow later.

If sending certificates or documents later, please state your full name, present address and your PPS No. or claim number. (You will get a claim number shortly after you apply.)

44. Have you enclosed the following certificates with your application?

- | | | |
|---|------------------------------|-----------------------------|
| - Your Birth Certificate (long versions only) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Your Marriage Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Deceased person's Birth Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Deceased person's Death Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Your dependent children's Birth Certificates (if you are not getting Child Benefit for them) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

We do not accept photocopies. We will return all certificates

Part 10

Declaration to be completed by YOU

I wish to apply for Death Benefit/Funeral Expenses under the Occupational Injuries Scheme. I declare that the information I have given is true and complete. I will tell the Department if there is any change in the details given.

Your signature or mark
(not block letters)

Date

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

Signature of witness
(not block letters)

Date

Address of witness

Warning

If you make a false statement or withhold information, you may face a fine, a prison term or both.

Send this completed application form to:

Disablement Benefit Section
Social Welfare Services
Government Buildings
Ballinalee Road
Longford

Telephone: Longford (043) 334 00 00
Dublin (01) 704 3000

If you have any difficulty filling in this form, please phone us in Disablement Benefit Section at the telephone numbers listed above or call to your local Social Welfare Office.

Important: If you do not apply within 3 months of becoming eligible, you could lose some benefit.

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.