



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

| | | | | | | | | | | | | | | | | | | | | | |
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| 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

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?

| | | | | | | | |
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| | | | | | | | |
| 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:

| | | | | | | | |
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| 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:

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Address:

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Address:

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16. Please give details of all of your employments in Ireland, starting with your first employer:

Employer's name:

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Employer's address:

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Job title:

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Dates you worked there:

From:

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To:

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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.



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.



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.

