

Country 2

Country: [grid]

Your employer's name: [grid]

Your address while working there: [grid]

[grid]

[grid]

Your social insurance number while there: [grid]

Dates you worked there: From [DD] / [MM] / [YYYY]

To [DD] / [MM] / [YYYY]

Type of work: [grid]

Country 3

Country: [grid]

Your employer's name: [grid]

Your address while working there: [grid]

[grid]

[grid]

Your social insurance number while there: [grid]

Dates you worked there: From [DD] / [MM] / [YYYY]

To [DD] / [MM] / [YYYY]

Type of work: [grid]

15. If you are you getting a social security payment from another country please specify

Country: [grid]

Type of payment: [grid]

Claim or reference number: [grid]

Amount: € [grid] . [grid] a week (in Euro)

IMPORTANT: Please complete this section by filling in details for your spouse/civil partner/cohabitant

16. Title: Mr. Mrs. Ms. Other

17. Their surname:

18. Their first name:

19. Their birth surname:

20. Their address:
Only answer this question if you are married/in a civil partnership and you do not live together.

21. Their date of birth: / /
D D M M Y Y Y Y

22. Their PPS Number:

23. Their UK National Insurance Number:

24. Other EU Country Insurance Number:

25. Country they were born in:

26. If they are employed or self employed please state
Their gross pay:
Gross pay is pay before tax, PRSI, union € , . a week (in Euro)
dues or other deductions.

27. If they are getting or if they have applied for any payment(s) from this department or the Irish Health Service Executive or from another country please state

Type of payment:

Date payment started: / /
D D M M Y Y Y Y

Their claim or reference number:

Amount: € , . a week (in Euro)

Country of payment:

28. If they have income from any other source, such as an occupational pension or private pension then please state

Source of income:

Amount: € , . a week (in Euro)

Personal Public Service Number (PPS Number.)

You must supply your own PPS Number and also the PPS Number of a spouse, civil partner, cohabitant or children. If you do not know these numbers, please contact your local Social Welfare Office.

Please see www.welfare.ie for more information.

Please enclose the following certificates and documents with your application.

If you cannot send them in with your application, please enclose a note stating that the certificate or document will follow later. If sending certificates or documents at a later date, please remember to state your full name, address and PPS Number. **We cannot accept photocopies.**

- Your birth certificate (only if born outside the Republic of Ireland) Yes No

- Your marriage / civil partnership certificate (only if you were married/had a civil partnership registered outside the Republic of Ireland). Yes No

- Your spouse's, civil partner's or cohabitant's birth certificate (only where s/he was born outside the Republic of Ireland) Yes No

- Your child(ren)'s birth certificate(s) for children born outside the Republic of Ireland) **Note: No birth certificate is needed if you are already getting Child Benefit in the Republic of Ireland.** Yes No

- Your Decree Absolute, Decree of Divorce, or Decree of Dissolution (if you have ever been divorced or had a civil partnership dissolved). Yes No

Please remember to sign the Declaration in Part 1.

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

If you need help filling in this form, please contact your local Social Welfare Office.

Data Protection and Freedom of Information

We, the Department of Social Protection, will treat all information and personal data you give us as confidential. We will only disclose it to other people and bodies in accordance with law

Explanations and terms used in this form are intended as a guide only and do not purport to be a legal interpretation