Social Welfare Services OB 61 Data Classification R



Death Benefits under the Occupational Injuries Scheme

You need a Personal Public Service Number (PPS No.) before you apply.

How to complete this application:

- Please use this page 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.

Widow, Widower or Surviving Civil Partner complete **Parts 1** to **6** of this form. When form is completed, read **Part 7** and sign declaration in **Part 1**.

Orphan's Pension complete **Parts 1** to **5**. When form is completed, read **Part 7** and sign declaration in **Part 1**.

Funeral Grant complete **Parts 1** to **5**. When form is completed, read **Part 7** and sign declaration in **Part 1**.

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

For more information, log on to www.gov.ie.

Important:

You must apply within **3 months** of the date of death, otherwise you may lose payment.

You must enclose a death certificate with this application.

How to fill in first page of this form

To help us in processing your application, please print letters and numbers clearly and use one box for each character (letter or number).

Please see example below.

1.	Your PPS No.:	1	2	3	4	5	6	7	Т											
2.	Title: (insert an 'X' or specify)	Mr.			Mrs	s. X		Ms	i. [C	the	r						
3.	Surname:	М	U	R	Р	Н	Υ													
4.	First name(s):	М	Α	U	R	Е	Е	N												
5.	Your first name as it																			
٠.	appears on your birth certificate:	М	Α	R	Υ															
6.	Birth surname:	М	С	D	Е	R	М	0	Т	Т										
7.	Your date of birth:	2	8		0	2		1	9	7	0									
		D	D		\mathbb{N}	\mathbb{N}		Y	Υ	Υ	Υ									
8.	Your mother's birth surname:	K	Е	L	L	Υ														
					Сс	nta	act	D	eta	ils										
9.	Your address:	1		N	Е	W		S	Т	R	Е	Е	Т							
		0	L	D		Т	0	W	N											
		D	0	N	Е	G	Α	L		Т	0	W	N							
	County	D	О	N	Е	G	Α	L				Pos	tco	de						
10	.Your telephone number:	О	N	Ε		N	U	М	В	Е	R		Р	Ε	R		В	0	Χ	
		M (ЭΒ	ΙL	E															
		0	N	Е		N	U	М	В	Е	R		Р	Е	R		В	0	Х	
		LA	N) L	ΙN	Е														
11	.Your email address:	О	N	Ε		С	Н	Α	R	Α	С	Т	Ε	R		Р	Е	R		

SAMPLE

Application form for

Social Welfare Services **OB 61** Data Classification R



Death Benefits under the Occupational Injuries Scheme

P	art 1	Y	ou	r	ΟV	vn	de	eta	ils	;											
1.	Your PPS No.:																				
2.	Title: (insert an 'X' or specify)	Mr. [N	Virs	s. [M	s. [(Oth	er							
3.	Surname:																				
4.	First name(s):																				
5.	Your first name as it appears on your birth certificate:																				
6.	Birth surname:																				
7.	Your date of birth:	D	D		M	M		Υ	Y	Y	Y										
8.	Your mother's birth surname:			Ι																	
				C	or	nta	ct	De	tai	ls											
9.	Your address:																				
				<u> </u>				1		<u> </u>	<u> </u> 	<u> </u>					<u></u>		<u></u>		
	County								<u> </u>												
	Postcode								<u> </u>		,	,		,	,	-					
10	Your telephone number:															M	0	ВП	LΕ		
																L	AN	I D	LH	ΝE	
11	Your email address:																				
					D	ec	lar	ati	on												
an tha pro wh	eclare that the information g y of the information I provide at I will be required to repay a psecuted. I undertake to imposion may affect my continued	e is ur any p nedia	ntrue aym ately	e o ner	on or m nt I dvis	this nisla rec	s fo ead eiv	rm ling e fr	is tr or i om oarti	f I fa the	ail to Dep	o di: part	sclo me	se nt a	any ind t ge i	rele that	evar I m	nt ir ay l	nfori be	mati	ion,
•	Signature (not block letters)																				

Part 1 continued	Your own details
12. What country were you born in?	
13. Are you?	Single □ Cohabiting Married □ In a Civil Partnership Separated □ A surviving Civil Partner □ Divorced □ A former Civil Partner □ Widowed (you were in a Civil Partnership)
14. If you are married, in a civil	partnership or a civil union or cohabiting, from what date? D D M M Y Y Y Y Please attach your marriage certificate or civil partnership or civil union registration certificate (we do not accept photocopies).
15. Are you the Personal Repre	Yes No
If no , are you the next of ki	n? Yes No
If yes , how are you related If no , do you have permissi	to the deceased? on from the next of kin to apply for the Funeral Grant?
	Yes No
If yes , attach a letter of authoral for pay a letter of a le	
	Yes No
If yes , attach a letter of autho	risation from the person responsible for paying the funeral expenses.
17. Please state the Death Ben	efit(s) that you are claiming for: Death Benefit (Widow/Widower's or Surviving Civil Partner) Pension Death Benefit (Orphan's) Pension
	Death Benefit Funeral Grant

Part 1 continued	Y	Ol	ur (OW	/n	de	eta	ils												
18. If you have not applied with why.	in 3	mo	nths	s of	the	de	cea	sed	l pe	rsor	า'ร	dea	ıth,	plea	ase	give	e a	reas	son((s)
Part 2(A))et	ail	S	of	de	се	as	ec	d b	er	SO	n(s)						
Complete this part if the dec	eas	sed	per	son	wa	s a	ged	18	or (ovei	r.									
19. Their PPS No.:																				
20. Their surname:																				
21.Their first name(s):																				
22.Their birth surname:																				
23. Their address:																				
24. Their date of birth:				D. //	D //															
25 If they were married or in a	D	D	[M	IVI		Y	Υ	Y	Y										
25. If they were married or in a civil partnership, from what date?	D	D		M	M		Υ	Υ	Υ	Y										
			atta					_						-			-		vil	
26. What date did they die?	uriic	ווכ (egis [ou a	uon	cer	unc	ale	(we	= uo	110	น ส(cep	λ bi	IOIC	ocop	лes).		
20. What date did they die!	D	D		M	M		Υ	Υ	Υ	Υ										

Attach the original death certificate.

Part 2	2(A	١,
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Details of deceased person(s)

27.At the time of their death w 'Employed' means they we work.	ere tere	hey orki	r en	nplo for a	yec ano	ነ? the	r pe	rso	n o	r co	mpa	any	anc	l ge	tting	g pa	aid '	for t	hat	
		Ye	s				No													
If yes , please state:								1	1	1		T								
Their occupation:																				
Employer's name:																				
Employer's address:																				
28. Did they die because of a	work-	-rela	ated	d ac	cide	ent'	?													
	When the accident																			
Yes No If yes , please state: When the accident																				
When the accident happened:	D	D		M	M		Υ	Υ	Υ	Y										
Time accident happened:																				
Where the accident happened?																				
What they were doing at the time of the accident?																				
the time of the doordent:																				
How the accident happened?																				

Part 2(A) continued		Det	ail	s c	f d	ece	as	sec	q k	er	SO	n(s)						
29. Did they die because of a	work	-rela	ated	dise	ease'	?													
		Ye	s			No													
If yes , please state:							ı			1							1	ı	
Name of disease:																			
Cause of disease:																			
30. Were they getting Disable	ment			n at	the t		of th	neir	dea	ath?	•								
		Ye	S			No													
Part 2(B)		Det	ail	s c	f d	есе	as	sec	q k	er	SO	n(s)						
If you are applying for	a De	eath	n Be	ene	fit fo	r Or	pha	an':	s p	ens	sior	ո, g	ive	de	tail	s c	f th	е	
orphan's other parent/																			
31. Their PPS No.:																			
32.Title: (insert an 'X' or	Mr.		N	/Irs.		Ms	s. [ı	C	Othe	er							
specify) 33. Their surname:																			
34. Their first name(s):																			
35. Their birth surname:																			
36. Their date of birth:]		1	<u> </u>	I	I	I		l .	
Common date of birth																			
	D	D		M	VI	Y	Y	Y	Y	J									
37. Their address:		D		M	M	Y	Υ	Υ	Y										
37. Their address:		D		M	M	Y	Y	Y	Y										
37. Their address:		D		M	M	Y	Y	Y	Y										
37. Their address:		D		M	VI	Y	Y	Y	Y										
38. Their date of marriage:		D		M	VI	Y	Y	Y	Y										
		D		M				Y											
38. Their date of marriage:																			

Part 3	Details of your qualified child(ren)
40. Do you wish to apply for Orphan's Pension?	Yes No
If 'Yes', please fill in detail:	s on Q41.
41. Do you wish to apply for qualified child(ren)?	Yes No
If 'Yes', how many are und	der 18 and between 18-22 in full time education.
	under age 18 aged 18 - 22 in full-time education
You must attach written co	onfirmation from the school or college for the children aged 18 - 22.
Please state child's:	Child 1
Surname:	
First name(s):	
PPS No.:	
Date of birth:	D D M M Y Y Y Y
Are they living with you?	Yes No
	Child 2
Surname:	
First name(s):	
PPS No.:	
Date of birth:	D D M M Y Y Y
Are they living with you?	Yes No
	Child 3
Surname:	
First name(s):	
PPS No.:	
Date of birth:	
Are they living with you?	Yes No
	Child 4
Surname:	
First name(s):	
PPS No.:	
Date of birth:	
Are they living with you?	Yes No

Note: A separate sheet of paper can be used for details of other children you have.

Part 4

Other payments

Living Alone Increase

You may get a Living Alone Increase if you are aged 66 or over, getting a Widow's, Widower's or Surviving Civil Partner (Contributory) Pension or Death Benefit under the Occupational Injuries Scheme and live alone or mainly alone.

Log on to www.gov.ie for more information. **42.** If you wish to claim a Living Alone Increase, please state: Date you started living alone: **Fuel Allowance** This allowance is means tested and is subject to your household composition. Only one person in a household can get this allowance. **43.**Do you wish to apply for a Fuel Allowance? Yes No If **no**, please go to Part 5. If yes, please complete fully the remainder of this section. 44. Your details: € Gross weekly income: a week This includes all earnings such as, pensions from both their previous employment and their late spouse's employment. Total savings/ € investments: Value of property: € (other than family home) Rent from this property: a week (other than family home) € Profit from business:

a year

Note: You may be asked to supply documentary evidence of all income.

Part 4 continued		Other payments
45. The following persons li	ve v	
Name:		Person 1
PPS No.:		
Gross weekly income:	€	a week
Gloss weekly income.	₹	This includes all earnings such as, pensions from both their previous
		employment and their late spouse's employment.
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
Name:		Person 2
PPS No.:		
Gross weekly income:	€	a week
		This includes all earnings such as, pensions from both their previous employment and their late spouse's employment.
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
		Person 3
Name:		
PPS No.:		
Gross weekly income:	€	, a week
		This includes all earnings such as, pensions from both their previous employment and their late spouse's employment.
Total savings/ investments:	€	
Value of property: (other than family home)	€	
Rent from this property: (other than family home)	€	,a week

a year

Profit from business:

Part 5

Your payment details

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below.

		ı	Fin	an	cia	ıl Ir	nst	itut	tior	1										
You will find the following de	tails	s pr	inte	d o	n st	ateı	mer	nts f	rom	ı yo	ur f	nar	ncia	l ins	stitu	tion	١			
Name of financial institution:																				
Address of financial institution:																				
institution:																				
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):																				
,																				
Name(s) of account holder(s): Name 1:																				
Name 2 (if any):																				
				Р	'OS	t C	ffic	ce												
Please enter below the name a payment.	nd	ado	dres	s o	f the	e pc	st c	offic	e w	her	e yc	u v	vish	to	colle	ect y	you	r		
Post office name and address:																				
If you are unable to collect or c (known as an agent) to do so for												d y	ou \	wan	t so	me	one	els:	e	
Your agent's name:		,									.5.									
Your agent's address:																				
J																				
							l													
								D	ate:		D	D		M	M	L	2 Y	0 Y	Y	Y
Your Signature (not block letters)																				
I agree to act as agent for the property more information, log on to www.				ned	in I	Par	t 1 a	and	l ar	n a	war	e o	f my	/ ob	liga	tion	ıs. F	-or		
								D	ate:					D. 4	D //		2	0		
Signature of agent (not block letters)										U	U		M	IVI		Υ	Υ	Υ	Υ

P	2	rí	ŀ	6
	а			

Divorce or annulment details

46. Have you ever been divorce	ed o	r ha Yes		ı civ	ril pa	_	ersl No	nip (diss	olv	ed?	•								
If yes , please attach a copy	of t	he [Dec	cree	: Ab	sol	ute,	De	cre	e of	Div	orc/	е о	r De	ecre	e o	f Di	sso	utic	n.
If yes , was the divorce/diss	oluti	ion g Yes		nted	d in ┌	_	Re No	pub	lic d	of Ir	elaı	nd?								
If 'No', please state: The surname of the		16	5	ı			INO				Ι	T		1	I					
spouse from whom you are divorced or your former civil partner:																				
Their first name:																				
Country they was born in:																				
Date you married or entered a civil partnership with them:	D	D		M	M		Υ	Y	Υ	Υ										
Country in which you were married or entered a civil partnership:																				
Date divorce or dissolution proceedings started:	D	D		M	M		Υ	Y	Υ	Υ										
Country you were living when divorce or dissolution proceedings started:																				
Country this spouse or civil partner lived in when divorce or dissolution proceedings started:																				
Have you remarried or ente partnership?	red	into	a c	civil	par	tne	rshi	p si	nce	yo	ur c	livo	rce	or c	liss	oluti	on	of c	ivil	
partiterstrip:		Yes	3				No													

Divorce or annulment details Part 6 continued 47. Was your late spouse/civil partner ever divorced or in a previous civil partnership? Yes No If **yes**, please attach a copy of the Decree Absolute, Decree of Divorce or Decree of Dissolution. If **yes**, was the divorce or dissolution granted in the Republic of Ireland? Yes No If 'No', please state: The surname of the spouse from whom they were divorced or their former civil partner: Their spouse's/civil partner's first name: Country their spouse/civil partner was born in: Date your late spouse/civil partner married/entered D \Box M into a civil partnership with them: Country in which they were married or entered a civil partnership: Date divorce or dissolution proceedings started: \square M M Country your late spouse/ civil partner lived in when their divorce/dissolution proceedings started: Country their spouse/ civil partner lived in when their divorce/dissolution proceedings started: Did your late spouse/civil partner remarry or enter into a civil partnership since their divorce/ dissolution? Yes No

48. Have you ever obtained a State annulment?

Yes No

If **yes**, please attach a copy of the order granting the annulment.

49. Has your spouse/civil partner ever obtained a State annulment?

Yes No

If **yes**, please attach a copy of the order granting the annulment.

Checklist

Have you enclosed the following?

Remember in all cases to send a death certificate with your application. Original certificates only.

- Your birth certificate
- Your marriage certificate or civil partnership or civil union registration certificate
- Divorce Decree (Decree Absolute) certificate or Decree of Dissolution of civil partnership
- Your spouse's or civil partner's birth certificate
- Your spouse's or civil partner's death certificate.
- Copy of order granting annulment
- 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 for these children.
- Letter from school or college
 You must attach written confirmation from the school or college confirming that any child(ren) aged 18 22 listed in Part 3 of this form are in full time eduction.

If you are claiming for Fuel Allowance, please make sure that you have you fully completed Questions 43 to 45 in Part 4.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

Send this completed application form to:

Disablement Benefit Section Social Welfare Services Government Buildings Ballinalee Road Longford

Telephone: (043) 334 0000 or 0818 92 77 70

If calling from outside of Ireland please call + 353 43 334 0000

Data Protection Statement

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

0K 09-21 Edition: September 2021