



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	T		
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2. Title: (insert an 'X' or specify)

Mr. Mrs. Ms. Other

3. Surname:

M	U	R	P	H	Y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. First name(s):

M	A	U	R	E	E	N													
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5. Your first name as it appears on your birth certificate:

M	A	R	Y																
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6. Birth surname:

M	C	D	E	R	M	O	T	T											
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7. Your date of birth:

2	8			0	2			1	9	7	0
D	D			M	M			Y	Y	Y	Y

8. Your mother's birth surname:

K	E	L	L	Y															
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Contact Details

9. Your address:

1		N	E	W		S	T	R	E	E	T								
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O	L	D		T	O	W	N												
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D	O	N	E	G	A	L		T	O	W	N								
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County

D	O	N	E	G	A	L													
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Postcode

O	N	E		N	U	M	B	E	R		P	E	R		B	O	X		
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MOBILE

O	N	E		N	U	M	B	E	R		P	E	R		B	O	X		
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LANDLINE

11. Your email address:

O	N	E		C	H	A	R	A	C	T	E	R		P	E	R			
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B	O	X																	
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SAMPLE



Death Benefits under the Occupational Injuries Scheme

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 date of birth:
D D M M Y Y Y Y

8. Your mother's birth surname:

Contact Details

9. Your address:

 County
 Postcode

10. Your telephone number: MOBILE
 LANDLINE

11. Your email address:

Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

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. What country were you born in?

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13. Are you?

- Single
- Married
- Separated
- Divorced
- Widowed

- Cohabiting
 - In a Civil Partnership
 - A surviving Civil Partner
 - A former Civil Partner
- (you were in a Civil Partnership that has since been dissolved)

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 Representative of the deceased?

- Yes
- No

If **no**, are you the next of kin?

- Yes
- No

If **yes**, how are you related to the deceased?

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If **no**, do you have permission from the next of kin to apply for the Funeral Grant?

- Yes
- No

If **yes**, attach a letter of authorisation from the next of kin.

16. Are you responsible for paying the funeral bill?

- Yes
- No

If **no**, do you have permission from the next-of-kin to apply for a Funeral Grant?

- Yes
- No

If **yes**, attach a letter of authorisation from the person responsible for paying the funeral expenses.

17. Please state the Death Benefit(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

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

Large empty rectangular box for providing a reason(s) for late application.

Part 2(A)

Details of deceased person(s)

Complete this part if the deceased person was aged 18 or over.

19. Their PPS No.: [grid of 9 boxes]

20. Their surname: [grid of 20 boxes]

21. Their first name(s): [grid of 20 boxes]

22. Their birth surname: [grid of 20 boxes]

23. Their address: [grid of 20 boxes, 4 rows]

24. Their date of birth: [DD] [MM] [YYYY] with labels D D, M M, Y Y Y Y

25. If they were married or in a civil partnership, from what date? [DD] [MM] [YYYY] with labels D D, M M, Y Y Y Y

Please attach their marriage certificate or civil partnership or civil union registration certificate (we do not accept photocopies).

26. What date did they die? [DD] [MM] [YYYY] with labels D D, M M, Y Y Y Y

Attach the original death certificate.

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

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

 Yes NoIf **yes**, please state:Their occupation:

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Employer’s name:

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

Employer’s address:

28.Did they die because of a work-related accident? Yes NoIf **yes**, please state:

When the accident happened:

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D D

--	--

M M

--	--	--	--

Y Y Y Y

Time accident happened:

--	--

 :

--	--

 am or pm

Where the accident happened?

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What they were doing at the time of the accident?

--

How the accident happened?

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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 details on Q41.

41. Do you wish to apply for qualified child(ren)? Yes No

If 'Yes', how many are under 18 and between 18-22 in full time education.

under age 18 aged 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:

Child 1

Surname:

First name(s):

PPS No.:

Date of birth:

Are they living with you? Yes No

Child 2

Surname:

First name(s):

PPS No.:

Date of birth:

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.

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:

D D

M M

Y Y Y Y

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: (other than family home) € , . a week

Profit from business: € , . a year

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

45. The following persons live with me.

Person 1

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

Profit from business: € , . a year

Person 2

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

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

Profit from business: € , . a year

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:

[Grid for surname]

Their spouse's/civil partner's first name:

[Grid for first name]

Country their spouse/civil partner was born in:

[Grid for country]

Date your late spouse/civil partner married/entered into a civil partnership with them:

[DD] [MM] [YYYY] (DD, MM, YYYY)

Country in which they were married or entered a civil partnership:

[Grid for country]

Date divorce or dissolution proceedings started:

[DD] [MM] [YYYY] (DD, MM, YYYY)

Country your late spouse/civil partner lived in when their divorce/dissolution proceedings started:

[Grid for country]

Country their spouse/civil partner lived in when their divorce/dissolution proceedings started:

[Grid for country]

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.

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 education.
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.