



Application form for One-Parent Family Payment

What is One-Parent Family Payment?

One-Parent Family Payment (OFP) is a payment to men and women under 66 years of age who are bringing up children without the support of a partner.

How do I qualify?

To qualify for One-Parent Family Payment you must meet these conditions:

- Be under 66 years of age. At 66 you become eligible for the State Pension;
- Be the parent, step-parent, adoptive parent or legal guardian of a relevant child. This means a child who normally lives with you, under the relevant age limit of seven; **and**
- Have the main care and charge of at least one relevant child. You cannot get OFP if you have joint equal custody of a child or children;
- Satisfy a means test. Any maintenance received for a child will not be assessed as means; **and**
- Not be living with a spouse, civil partner or cohabiting.

If you are separated, divorced or your civil partnership has been dissolved, you must be living apart for at least three months before you apply for OFP.

When should I apply?

Widowed or surviving civil partner

If you are widowed or a surviving civil partner, you should apply within three months of your spouse or civil partner's death.

Single

If you are single, you should apply within three months of the birth of your child.

Separated, divorced or no longer in a civil partnership

If you are separated, divorced or no longer in a civil partnership, you must be living apart for three months. You should apply within three to six months of the date you separated from your spouse or civil partner.

Prisoner's spouse or civil partner

If you are a prisoner's spouse or civil partner, you should apply when your spouse or civil partner:

- has been in custody for at least six months without being sentenced; or
- starts their sentence, which must be for a term of at least six months.

Return your form and supporting documents to your local Intreo Centre or Social Welfare Branch Office.

Important: You should apply as soon as you become eligible. If you fail to apply within 3 months of becoming eligible, you may lose some payment.

How to complete this application form?

There are examples on the back of this page that can be used as a guide to fill in this form. Please:

- write with a **black** ballpoint pen, use capital letters and place an **X** in the relevant boxes;
- answer all questions that apply to you. Leave blank any that do not apply;
- fill in **Parts 1 to 6** and **Part 9A** as they apply to you. Your employer, if any, should fill in **Part 9B**; **and**
- when completed, read the checklist in **Part 8** and sign the declaration in **Part 7**.

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

For more information visit www.gov.ie/OFP.

How to fill in this form

To help us process this form please write letters and numbers clearly and use one box for each. See examples below.

Part 1

Your details

1. PPS Number:

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														
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4. First names:

M	A	U	R	E	E	N													
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5. First names as they appear 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. Date of birth:

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

8. 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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Eircode

C	1	5	A	9	6	V
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9. Telephone number:

0	8	8	1	2	3	4	5	6	7
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10. Email address:

M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		
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SAMPLE

Application form for One-Parent Family Payment



Part 1

Your details

1. PPS Number:

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2. Title, insert an **X** or specify:

Mr Mrs Ms. Other

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3. Surname:

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4. First names:

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5. First names as they appear on your birth certificate:

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6. Birth surname:

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7. Date of birth:

D	D	M	M	Y	Y	Y	Y		

8. Address:

County

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Eircode

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9. Telephone number:

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10. Email address:

11. What country were you born in?

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12. Are you?

<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> In a Civil Partnership
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> A surviving Civil Partner
<input type="checkbox"/> Widowed	<input type="checkbox"/> Cohabiting	<input type="checkbox"/> A former Civil Partner, meaning you were in a Civil Partnership that has since been dissolved.

13. 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 if you married or entered into a civil partnership or civil union outside of the State. We do not accept photocopies.

14. If you are divorced, your civil partnership or civil union has been dissolved or you are no longer cohabiting, when did this happen?

□	□	□	□	□	□	□	□
D	D	M	M	Y	Y	Y	Y

Please attach your Decree Absolute Certificate or Decree of Dissolution. We do not accept photocopies.

15. How long have you lived at the address filled in at question 8?

□	□	Years	□	□	Months
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16. What address did you live at before the one given in question 8?

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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17. Did you apply for One-Parent Family Payment in the past?

 Yes No

If **yes**, please state:

Date you applied:

□	□	□	□	□	□	□	□
D	D	M	M	Y	Y	Y	Y

18. Are you employed at present including part-time or temporary work?

 Yes No

You are employed when you work for another person or company and you get paid for the work.

If **yes**, please state:

Your occupation:

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Employer's name:

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□

Employer's address:

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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County

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Eircode

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Your gross weekly pay:

€ □, □□□ . □□ a week

Please attach three recent payslips.

19. If you are self-employed, please state:

Your occupation:

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Your gross weekly pay:

€ □, □□□ . □□ a week

Please attach your most recent set of certified accounts.

20. Before applying for One-Parent Family Payment, were you:

- Working? Yes No
 At school? Yes No
 Getting a social welfare payment? Yes No

21. If you are getting any other payments from this department, please state:

Name of payment:

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 Name of payment:

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 Name of payment:

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

22. Is anyone claiming an increase for you as a dependant on their social protection payment? Yes No

If **yes**, please state:

Their name:

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 Their address:

 County

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 Name of payment they get:

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23. Are you getting maintenance? Yes No

If **yes**, please state how much maintenance you receive each week that is **not** paid in respect of a child

Amount: €

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,

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 .

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Note: This amount should **not** include maintenance paid to you for the benefit of a child. Please attach a copy of a Maintenance Order or Separation Agreement if you have one.

24. Do you own the property that you currently live in? Yes No

If **yes**, please submit proof of your mortgage payments for the current year.

25. Do you rent the property you currently live in? Yes No

If **yes**, please submit a recent receipt from your landlord or a statement from your letting agency, and a copy of your lease or tenancy agreement.

26. Does the other parent of your children pay towards the rent or mortgage costs of your current accommodation?

Yes

No

If **yes**, please state:

How much you get: € , . a week

27. Do you receive rental income from the property you are living in?

Yes

No

If **yes**, is the property owned by you?

Yes

No

If **no**, who is the owner of the property?

Surname:

First names:

Is the person an immediate family member or employee?

Yes

No

If **yes**, please state your relationship to the person:

Family Member

Employee

From what date did the person start renting a room in your home?

D D M M Y Y Y Y

How much do you receive in rent per week?

€ , .

28. Are you taking or have you taken part in any of the following courses or schemes?

Type of course or scheme	If yes insert X	Date you started course or scheme			Amount you get paid for scheme or course
Community Employment	<input type="checkbox"/>	<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"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> a week
Rural Social Scheme	<input type="checkbox"/>	<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"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> a week
Back to Work Enterprise Allowance	<input type="checkbox"/>	<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"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> a week
Back to Work Allowance Employees	<input type="checkbox"/>	<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"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> a week
Vocational Training Opportunities Scheme (VTOS)	<input type="checkbox"/>	<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"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> a week
Back to Education Allowance	<input type="checkbox"/>	<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"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> a week
Community Services Programme	<input type="checkbox"/>	<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"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> a week
Job Initiative	<input type="checkbox"/>	<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"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> a week

D D M M Y Y Y Y

29. Do you have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the State or another country? Yes No

If yes, please state:

Financial Institution 1

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Names of account holders:

Name 1:

Name 2, if any:

Financial Institution 2

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? Yes No

Names of account holders:

Name 1:

Name 2, if any:

Please attach an original statement for each account, showing transactions for the last 3 months.

If you have any other accounts, you must give details of them to this department on a separate sheet of paper.

30. Do you have other accounts with financial institutions other than those accounts listed above? Yes No

If yes, a separate sheet of paper can be used to provide details.

31. Do you own stocks, shares including shares in a creamery or Co-op, annuities bonds, funds, insurance policies or investments? Yes No

If **yes**, please state:

Their value: € , .

Please attach a statement to show details and current market value.

32. Do you own, share in the ownership of, work or rent a farm or land? Yes No

If **yes**, please state:

Size of farm or land: acres

Net yearly income or rent from farm or land: € , .

Net yearly income is money you have made from the farm after deducting operating expenses.

Please return most recent farm accounts and rent or lease agreements where applicable.

33. Do you own or share in the ownership of any other property apart from your home? Yes No

If **yes**, please state:

Type of property:

Address of property:

Property would be an apartment, business property, house or land other than that mentioned in question 32.

Current market value: € , , .

Rent from this property: € , . a week

Please provide current documentary evidence of market value/rental income from property.

If mortgaged, please attach a recent statement from lending institution.

34. Have you sold or transferred property recently, including a farm or land? Yes No

Please provide documentary evidence.

35. If you have any other income, please give details in this space provided:

36. If you have not applied within 3 months of becoming eligible, please give reasons why:

Warning: If you fail to apply within 3 months of becoming eligible, you may lose some payment.

Complete if you are widowed, are a surviving civil partner or if your cohabitant died.

37. When did your spouse, civil partner or cohabitant die?

D	D	M	M	Y	Y	Y	Y

Please attach their death certificate if they died outside the State. We do not accept photocopies.
 If you do not have a death certificate, please attach a memoriam card or press cutting showing the date of death.

38. Did your spouse, civil partner or cohabitant die because of a work-related accident or disease?

Yes
 No

Please give details about your late spouse, civil partner or cohabitant in **Part 2**.

Complete if you no longer live with your civil partner or if your civil partnership or civil union has been dissolved.

39. When did you and your civil partner start living apart?

D	D

M	M

Y	Y	Y	Y

If you cannot remember the exact date, tell us roughly when you separated.

40. Was your civil partnership or civil union dissolved?

 Yes

 No

If **yes**, please attach a copy of the Decree of Dissolution.

Please give details about your civil partner in **Part 2**.

Complete if you are separated from your spouse.

41. When did you and your spouse separate?

D	D

M	M

Y	Y	Y	Y

42. Did you get a legal separation?

 Yes

 No

If **yes**, please attach a copy of the Separation Agreement.

Please give details of your spouse in **Part 2**.

Complete if your spouse, civil partner or cohabitant is in prison.

43. When was your spouse, civil partner or cohabitant sentenced to prison?

D	D

M	M

Y	Y	Y	Y

44. What prison are they in?

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45. How long is their sentence?

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46. What is their prison number?

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Please give details about your spouse, civil partner or cohabitant in **Part 2**.

Part 3

Details of your children

56. Do you wish to apply for qualified children?

Yes

No

If **yes**, how many children do you wish to claim for?

Under age 18.

Aged 18 to 22 in full-time education.

Child 1

Surname:

First names:

PPS Number:

Date of birth:

D D M M Y Y Y Y

Child 2

Surname:

First names:

PPS Number:

Date of birth:

D D M M Y Y Y Y

Child 3

Surname:

First names:

PPS Number:

Date of birth:

D D M M Y Y Y Y

You must attach written confirmation from the school or college for the children aged 18 to 22.

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

Part 4

Details of everyone living at your address

57. Does anyone else live with you apart from the children named in **Part 3**?

Yes

No

If **yes**, please give details of all other people living with you:

Person 1

Surname:

First names:

PPS Number:

Person 2

Surname:

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First names:

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PPS Number:

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Person 3

Surname:

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First names:

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PPS Number:

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Note: A separate sheet of paper can be used for more details if needed.

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. The account must be in your name or jointly held by you. Please complete one option below.

Financial Institution

Name of financial institution:

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Bank Identifier Code (BIC):

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International Bank Account Number (IBAN):

Names of account holders:

Name 1:

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Name 2, if any:

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Post Office

Name:

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Address:

County

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Eircode

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The **Habitual Residence Condition** means that you have a proven close link to Ireland. The term also conveys permanence - that a person has been here for some time and intends to stay here for the foreseeable future.

Habitual Residence in Ireland is a condition that you must satisfy for certain social protection payments including One-Parent Family Payment. For more information, visit www.gov.ie/HRC or www.gov.ie/OPF.

This section must be completed by all applicants.

58. What country were you born in? [Grid for country name]

59. What is your nationality? [Grid for nationality name]

60. When did you come to live in the State? [Grids for DD MM YYYY]

The **Common Travel Area** is Ireland, Great Britain, the Isle of Man and the Channel Islands. You can spend brief periods on short holidays, studying or travelling outside the Common Travel Area and still be habitually resident here.

If you lived in Northern Ireland, Great Britain, the Isle of Man or the Channel Islands, please provide proof of residence. Residency may be verified by producing a passport or identity card and one or more of the following: bank statements; details of benefit payments; utility bills; rent or mortgage agreements or receipts for local authority charges.

61. Have you lived in the Common Travel Area all of your life including the last 2 years? [Yes] [No]

If no, please complete questions 65 to 67. If yes, please give details of where you lived:

Country 1

Country: [Grid for country name]

Date from: [Grids for DD MM YYYY]

Date to: [Grids for DD MM YYYY]

Why did you live there?

[Text box for answer to Country 1 question]

Country 2

Country: [Grid for country name]

Date from: [Grids for DD MM YYYY]

Date to: [Grids for DD MM YYYY]

Why did you live there?

[Text box for answer to Country 2 question]

Country 3

Country:

Grid for Country name

Date from:

Grid for Date from (DD MM YY)

Date to:

Grid for Date to (DD MM YY)

D D M M Y Y Y Y

Why did you live there?

Text box for reason

Note: A separate sheet of paper can be used for more details if needed.

62. Have you lived at the same address for the last 2 years?

Yes checkbox

No checkbox

If no, please give details of where you lived:

Last address:

Grid for Last address

Country

Grid for Country

Dates you lived there:

From: DD MM YY

To: DD MM YY

D D M M Y Y Y Y

Previous address:

Grid for Previous address

Country

Grid for Country

Dates you lived there:

From: DD MM YY

To: DD MM YY

D D M M Y Y Y Y

63. Have you lived continuously in Ireland since the day you arrived?

Yes checkbox

No checkbox

64. Does any of your close family live in Ireland? For example, parent, brother, sister or child.

 Yes

 No

If **yes**, please give their details:

Person 1

Surname:

First names:

Address:

County

Eircode

Date of birth:
 D D M M Y Y Y Y

Relationship to you:

When they came to Ireland:
 D D M M Y Y Y Y

Person 2

Surname:

First names:

Address:

County

Eircode

Date of birth:
 D D M M Y Y Y Y

Relationship to you:

When they came to Ireland:
 D D M M Y Y Y Y

Note: A separate sheet of paper can be used for more details if needed.

65. Have you ever made an application for refugee status? Yes No

If **yes**, please state:

a) Are you awaiting a decision on an application for refugee status? Yes No

b) Have you been granted refugee status or leave to remain in the State? Yes No

c) Do you have an Irish Residence Permit Card? Yes No

If **yes** to any of the above, please attach a verified copy of same. Your local Intreo Centre or local Social Welfare Branch Office can photocopy it for you and verify that they saw the original.

For official department use only

HRC satisfied

HRC not satisfied

HRC1 issued

Part 7

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.

Date:
D D M M Y Y Y Y

Signature or mark if unable to sign, **not** capital letters.

If you are unable to sign, have your mark witnessed and have the witness sign below.

Date:
D D M M Y Y Y Y

Signature of witness, **not** capital letters.

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Have you enclosed the following?

- Bank statements or statement from accountant if self-employed
- Tax deduction card or three recent payslips
- Proof of mortgage payments or rent receipts
- Letter from school or college if you have children aged between 18 and 22 who are in full-time education
- Maintenance summons or order, if applicable
- Separation Agreement, if applicable
- Decree Absolute certificate
- Decree of dissolution of civil partnership or civil union certificate

If you were born, married or entered into a civil partnership or a civil union outside of the State:

- Your birth certificate
- Your marriage certificate or civil partnership or civil union registration certificate
- Divorce decree or Decree Absolute.
- Your late spouse's, civil partner's or cohabitant's death certificate. If you do not yet have a death certificate for them, attach a press cutting showing their date of death. A coroner's report is also acceptable.
- Your children's birth certificates 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 7, and have Part 9 completed by you and/or your employer.

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

Send this completed application form to:

Your local Intreo Centre or Social Welfare Branch Office.
Contact details are available on www.gov.ie/intreocentres

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

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or in hard copy.

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

Part 9

Complete if you are getting Maternity Benefit, Illness Benefit, Adoptive Benefit, Health and Safety Benefit or Occupational Injury Benefit and are in employment

Give this to your employer so that they can complete Part B. You may first detach it if you do not wish them to see your details.

- You complete Part A.
- Your employer completes Part B.

1. What is your Personal Public Service (PPS) Number?

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- Maternity Benefit
- Illness Benefit
- Adoptive Benefit
- Health and Safety Benefit
- Occupational Injury Benefit

2. Are you getting any of the following social welfare payments?
Please insert an X in the relevant box.

Part A - Applicant declaration

Please insert an X in the relevant box:

- I do not intend to return to work.**
Please give a statement from your employer that your employment has ended and have your employer complete Part B over the page.
- I do not yet know if I will return to work and I will inform you as quickly as possible.**
We cannot process your application until you confirm whether or not you are returning to work.
- I intend to return to work on:**

				2	0		
D	D	M	M	Y	Y	Y	Y

If you intend to resume work, have your employer complete Part B.

A Social Welfare Inspector may interview you about your application. You must give them any details or documents, for example, bank statements or wage slips, that they may need.

--

Date:

				2	0		
D	D	M	M	Y	Y	Y	Y

Signature or mark if unable to sign, **not** capital letters.

If you are unable to sign, have your mark witnessed and have the witness sign below.

--

Date:

				2	0		
D	D	M	M	Y	Y	Y	Y

Signature of witness, **not** capital letters.

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part B - Employer declaration

1. I confirm that is or was receiving gross earnings of € , . a week while receiving Maternity Benefit, Adoptive Benefit, Illness Benefit, Occupational Injury Benefit or Health and Safety Benefit

OR

I confirm that was not or will not be paid earnings by this company while they are receiving Maternity Benefit, Illness Benefit or Health and Safety Benefit.

2. They stopped working with this company on:
D D M M Y Y Y Y
 and
 They have returned/will return to work with this company on:
D D M M Y Y Y Y

Their gross earnings are or will be: € , . a week

Employer's name:

Employer's address:

County Eircode

Employer's telephone number:

Employer's registered number:

Official stamp

Your signature, **not** capital letters.

Date: 2 0
D D M M Y Y Y Y

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