



Application form for **State Pension Contributory**

What is State Pension Contributory?

State Pension Contributory (SPC) is a payment which you may qualify for from 66 years of age.

This pension is based on your social insurance contributions. It is not means tested so you can work while claiming your SPC.

You can claim your pension from any date between age 66 and 70. This may give you the opportunity to improve your contribution record, **or** receive an enhanced rate of payment associated with your chosen claim date, **or both**, depending on your circumstances. For more information, please visit www.gov.ie/spc

You should apply six months before you intend to claim your pension.

If you live in Ireland and you have previously lived or worked in an EU country, the UK or a country with which Ireland has a Bilateral Social Security Agreement, we will apply for a pension to that country on your behalf.

If you are getting Invalidity Pension, you will automatically transfer to SPC when you reach 66 years.

How do I qualify?

To qualify for State Pension Contributory, you must:

- be aged 66 or over; **and**
- satisfy certain social insurance contribution conditions.

What can I do in advance of submitting my application?

Review your contribution statement online at www.MyWelfare.ie.

Pension Caring Supports can help you to qualify for SPC. Apply if you ever provided full time care to:

- a child who was under 12 years of age at the time the care was provided; or
- a child who was over 12 years of age who needed an increased level of care; or
- an adult who needed an increased level of care.

Additional information is available at **Part 10**.

The quickest way to apply for Pension Caring Supports is online at www.MyWelfare.ie.

To access [MyWelfare.ie](http://www.MyWelfare.ie) services you will need a verified **MyGovID** account.

How do I 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;
- study the checklist in **Part 9** and sign and date the declaration in **Part 2**.

How do I apply?

Please send this completed form to:

State Pension Contributory Section
Department of Social Protection
College Road
Sligo
F91 T384

How can I get further information and help?

For more information, please visit www.gov.ie/spc.

If you need any help to complete this form, please contact the State Pension Contributory Section, your local Intreo Centre, Branch Office or any Citizens Information Centre. You can find the name and address of your local Intreo Centre or Branch Office by visiting www.gov.ie/intreocentres.

How to fill in this form

To help us process your application, write letters and numbers clearly and use one box for each. Please 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:

<input type="checkbox"/>	Mr	<input checked="" type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	Other							
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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 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. Mother's birth surname:

M	C	D	E	R	M	O	T	T									
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8. Date of birth:

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

9. 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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10. Telephone number:

0	8	8	1	2	3	4	5	6	7				
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Note: If you enter your mobile number we may text you in connection with your claim.

11. 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 State Pension Contributory

Part 1

Your details

1. PPS Number:

2. Title, insert an X or specify:

 Mr Mrs Ms Other

3. Surname:

4. First names:

5. First name as it appears on your birth certificate:

6. Birth surname:

7. Mother's birth surname:

8. Date of birth:

D D M M Y Y Y Y

9. Address:

County

Eircode

10. Telephone number:

Note: If you enter your mobile number we may text you in connection with your claim.

11. Email address:

12. Do you want to claim your pension on your 66th birthday?

 Yes No

If **no**, what date between the age of 66 and 70 would you like to claim your pension from?

D D M M Y Y Y Y

Important notes:

- If you do not complete question 12, there may be a delay in processing your application.
- Your entitlement starts on your chosen claim date. If your chosen claim date is a date in the past, the date entered should be no more than six months before we receive your application form. No payment will be made for periods before this. For more information on deferring access to your pension, please visit www.gov.ie/spc.

13. Have you ever lived or worked outside of Ireland? Yes No

Note: This should include periods of work in Northern Ireland.

If **yes**, please complete the information requested below and **question 21**.

Name of country 1:

From: To:
M M Y Y Y Y M M Y Y Y Y

Name of country 2:

From: To:
M M Y Y Y Y M M Y Y Y Y

Name of country 3:

From: To:
M M Y Y Y Y M M Y Y Y Y

Name of country 4:

From: To:
M M Y Y Y Y M M Y Y Y Y

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

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, I will be required to repay any payment I receive from the department and 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, **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.

You can receive 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** of the options below.

Post office

Please enter the name and address of the post office where you wish to collect your payment.

Name:

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Address:

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County

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Eircode

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Financial institution

You will find the details requested below printed on statements from your financial institution.

IBAN (International Bank Account Number):

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Names of account holders:

Name 1:

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Name 2, if any:

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14. Do you live alone and want to claim a Living Alone Increase?

Yes No

If **yes**, from what date did you start living alone?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

15. Do you wish to claim Fuel Allowance?

Yes No

If **yes**, please fill in **Part 6**.

16. Do you wish to claim an Increase for a Qualified Adult?

Yes No

If **yes**, please complete the information requested below and **Parts 7** and **8**.

PPS Number of Qualified Adult:

Surname:

First names:

17. Do you wish to claim an Increase for a Qualified Child?

Yes No

If **yes**, please complete the information requested below.

Note: If you wish to claim an increase for children, you must also complete **Part 7** in full.

Child 1

PPS Number:

Surname:

First names:

Child 2

PPS Number:

Surname:

First names:

Notes:

- A separate sheet of paper can be used for more details if needed.
- You must attach written confirmation from the school or college of any child you are applying for, aged 18 to 22, confirming that they are in full-time education.

18. Please give details of all your employments in Ireland:

Employer 1

Employer's name:

Employer's address:

County Eircode

Job title:

Dates you worked there: From: To:
M M Y Y Y Y M M Y Y Y Y

Employer 2

Employer's name:

Employer's address:

County Eircode

Job title:

Dates you worked there: From: To:
M M Y Y Y Y M M Y Y Y Y

Employer 3

Employer's name:

Employer's address:

County Eircode

Job title:

Dates you worked there: From: To:
M M Y Y Y Y M M Y Y Y Y

Note: A separate sheet of paper can be used for details of any additional employments that you had.

19. If any of your employments in **question 18** above were as a teacher, civil servant or in the army please provide:

School roll number, if applicable:

Army number, if applicable:

Pension payroll number:

20. If you are or have been in self-employment in the State at any time, please state:

Dates of self-employment:

From:
M M Y Y Y Y

To:
M M Y Y Y Y

21. If you ever worked outside of Ireland, please state:

Note: This should include periods of work in Northern Ireland.

Country 1

Country name:

Employer's name:

Your address while living there:

Postcode

Social Security Number while there:

Dates you worked there: From:
M M Y Y Y Y To:
M M Y Y Y Y

Type of work:

Country 2

Country name:

Employer's name:

Your address while living there:

Postcode

Social Security Number while there:

Dates you worked there: From:
M M Y Y Y Y To:
M M Y Y Y Y

Type of work:

Country 3

Country name: [grid]

Employer's name: [grid]

Your address while living there: [grid]

Postcode [grid]

Social Security Number while there: [grid]

Dates you worked there: From: [grid] [grid] To: [grid] [grid]
M M Y Y Y Y M M Y Y Y Y

Type of work: [grid]

Country 4

Country name: [grid]

Employer's name: [grid]

Your address while living there: [grid]

Postcode [grid]

Social Security Number while there: [grid]

Dates you worked there: From: [grid] [grid] To: [grid] [grid]
M M Y Y Y Y M M Y Y Y Y

Type of work: [grid]

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

If you indicated at **question 15** that you wish to claim Fuel Allowance, please complete **Part 6**.

This allowance is subject to a means test of all the people, including yourself, living in your household. Only one person in a household can receive it.

If you have no income please enter **0 (zero)** in each of the amount boxes.

Personal means

22. Your gross weekly income from all sources including income from outside of Ireland:

€ , .

23. Total value of your savings, stocks, shares and investments:

€ , .

24. If you own properties, other than your home, please state:

Property 1

Market value:

€ , , .

Mortgage outstanding:

€ , , .

Weekly rental income, if applicable:

€ , .

Property 2

Market value:

€ , , .

Mortgage outstanding:

€ , , .

Weekly rental income, if applicable:

€ , .

Note: If you have other properties, a separate sheet of paper can be used for more details.

25. Do you have a room rented out in your home?

Yes No

If **yes**, please state weekly income:

€

26. Annual profit from business:

€ , , .

You must also complete **questions 27 to 29** for all the people living with you.

If they have no income, savings, investments or property please put a **0 (zero)** in each of the amount boxes.

If you live alone continue to **question 30**.

Household means

27. The following person lives with me:

Name:

PPS Number:

Gross weekly income from all their sources, including income from outside of Ireland:
 € , .

Total value of their savings, stocks, shares and investments:
 € , .

28. If they own properties, other than their home, please state:

Property 1

Market value: € , , .

Mortgage outstanding: € , , .

Weekly rental income, if applicable: € , .

Property 2

Market value: € , , .

Mortgage outstanding: € , , .

Weekly rental income, if applicable: € , .

Note: If they have other properties, a separate sheet of paper can be used for more details.

29. Annual profit from business: € , , .

Note: If more than one person lives with you, a separate sheet of paper can be used.

Payment options for Fuel Allowance

30. How would you like to get your fuel allowance payment? Weekly Two instalments

Note: Fuel Allowance is paid weekly or in two instalments. The first instalment is paid at the start of the season and the second is paid in January.

If you choose the two instalment option and the season has already started, you will receive weekly payments until the next instalment payment is due and then your payment will change.

Part 7

Increase for Qualified Adult and Increase for Qualified Child

If you have indicated at **question 16** or **17** that you wish to claim an Increase for Qualified Adult (IQA) or an Increase for Qualified Child (IQC) please complete this **Part 7**.

An **IQA** is payable in respect of a person who is wholly or mainly maintained by you. It is a means tested payment, where the means of your spouse, civil partner or cohabitant will be assessed. If the payment is awarded, it will be paid directly to your spouse, civil partner or cohabitant unless they choose otherwise.

An **IQC** is payable in respect of a child up to 18 years of age who usually lives with you, or up to the age of 22 if your child is in full-time education. It is a means tested payment. The means of your spouse, civil partner or cohabitant will be assessed in order to determine eligibility.

If they have no income, please put a **0 (zero)** in each of the amount boxes.

Please supply documentary evidence for all savings, investments and income from the last three months. For example, bank and investment statements.

Spouse, civil partner or cohabitant's details

31. PPS Number:

32. What is your civil status in relation to this person? Married Civil partnership
 Cohabiting Divorced or former Civil Partner

33. If you are married, in a civil partnership or cohabiting, please state from what date:
D D M M Y Y Y Y

34. Title, insert an **X** or specify: Mr Mrs Ms Other

35. Surname:

36. First names:

37. Birth surname:

38. Date of birth:
D D M M Y Y Y Y

39. Address:

County Eircode

40. Mother's birth surname:

You must also complete questions 41 to 51 for your spouse, civil partner or cohabitant.

If they have no income, please put a 0 (zero) in each of the amount boxes.

Spouse, civil partner or cohabitant's means

41. If they are receiving any pension, private or occupational, from another country, please state:

Type of pension: [grid]

Who pays this pension? [grid]

Claim or reference number: [grid]

Weekly amount: € [grid], [grid].[grid]

42. If they are employed please state:

Employer's name: [grid]

[grid]

Gross income year to date: € [grid], [grid].[grid]

43. If they are self-employed please state:

Type of work: [grid]

Date self-employment started: [grid] [grid] [grid][grid][grid][grid]
D D M M Y Y Y Y

Net weekly earnings: € [grid], [grid].[grid]

Note: Net weekly earnings is the money they have made from self-employment after deducting operating expenses. Please provide documentary evidence such as the last available copy of accounts or most recent notice of assessment from the Revenue Commissioners .

44. For all savings or accounts in a bank, post office, building society, credit union or any other financial institution in Ireland or another country, in their own name or jointly held, please state:

Financial institution 1

IBAN (International Bank Account Number):

Current balance:

€

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 .

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Names of account holders:

Name 1:

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Name 2, if any:

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Financial institution 2

IBAN (International Bank Account Number):

Current balance:

€

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Names of account holders:

Name 1:

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Name 2, if any:

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

Note: If they have savings or accounts in more than two financial institutions, a separate sheet of paper can be used. Please attach an original statement for the last **three months** for each account.

45. If they own stocks, investments, shares, including shares in a creamery or Co-op, annuities, bonds, insurance policies, in Ireland or another country, please state:

Name of company:

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Number of shares held:

--	--	--	--	--

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Value per share:

€

--	--	--

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Are the stocks or shares jointly owned?

Yes No

Notes:

- If they own shares in another company, a separate sheet of paper can be used.
- Please attach statements to show details and current market value.

46. If they own, share in the ownership or work a farm or land, please state:

Size of farm or land:

--	--	--	--

 acres

Net yearly income:

€

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Note: Net yearly income is the money they have made from the farm after deducting operating expenses.

47. If they own or share in the ownership of property apart from their home, in Ireland or abroad, please state:

The owners of this property:

Name 1:

Name 2:

Address of property:

County

Eircode

Note: Property includes, but is not limited to, an apartment, business property, another house or land other than that mentioned at **question 46**.

Current market value: € , , .

Mortgage outstanding: € , , .

If this property is rented out, please state:

Weekly income: € , .

Note: If they have other properties, a separate sheet of paper can be used for more details.

48. If they have a room let in the property they are currently residing in, please state:

Weekly income: € , .

49. Does your spouse, civil partner or cohabitant receive any payment under a maintenance grant or a deed of covenant?

Yes No

If **yes**, please state their total weekly amount: €

50. If they have any other income please give details in the box below:

51. If they sold or transferred any property or business in the last three years, please give details in the box below and attach a copy of the deed of transfer.

Part 8

Increase for Qualified Adult payment details

Any increase for a qualified adult, which you, the pension claimant, qualify for, will be paid to your spouse, civil partner or cohabitant **unless** they state otherwise.

You should show them this page to let them decide if they want to receive this increase for themselves or if they want you to receive this increase with your pension, on their behalf.

The remainder of this page should be filled out by the person named in **Part 7**.

Declaration of spouse, civil partner or cohabitant

Please choose one of the options below by placing an **X** in the box, sign your name and insert date.

I wish to have any Increase for Qualified Adult paid to me:

I wish to have any Increase for Qualified Adult paid to the person named in **Part 1** with their pension:

Date:

D D

M M

2 0

Y Y Y Y

Signature, **not** capital letters.

Payment options for Qualified Adult

If you have chosen to receive the payment yourself, you can receive it 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 of the options** below.

Post office

Please enter the name and address of the post office where you wish to collect your payment.

Name:

Address:

County

Eircode

Financial institution

You will find the details requested below printed on statements from your financial institution.

IBAN (International Bank Account Number):

Names of account holders:

Name 1:

Name 2, if any:

All applicants should complete relevant parts of the application form, **sign declaration in Part 2** and include your payment details.

If you are applying for:

Fuel Allowance

Ensure you have selected yes at **question 15** and that you have fully completed **Part 6** and have obtained the necessary documentary evidence.

Increase for Qualified Adult

Ensure you have selected yes at **question 16** and that you have fully completed **Part 7** and **8** and have obtained the necessary documentary evidence.

Increase for Qualified Child

Ensure you have selected yes at **question 17** and that you have fully completed **Part 7** and have obtained the necessary documentary evidence.

If you were born outside of Ireland, or if you are applying for an Increase for Qualified Adult or Qualified Child and they were born outside of Ireland, you must submit original birth certificates.

Pension Caring Supports

Ensure you have submitted your application for Pension Caring Supports on **www.MyWelfare.ie** in advance of submitting your State Pension Contributory application.

Further information is available in **Part 10**.

State Pension Contributory

You can get comprehensive information on State Pension Contributory and related allowances and supports by visiting www.gov.ie/spc or emailing state.con@welfare.ie

Pension Caring Supports

Pension Caring Supports provides carers, who took time out of work to provide full-time care, help in qualifying for a State Pension Contributory.

When determining your pension entitlement, periods of care may be taken into account. This only applies where you were living in Ireland and where you were providing care for:

- a child who was under 12 years of age at the time the care was provided; or
- a child who was over 12 years of age who needed an increased level of care; or
- an adult who needed an increased level of care.

Depending on the circumstances of the care, you may be entitled to apply for:

- Long Term Carer's Contributions
- HomeCaring Periods
- Homemaker's Scheme.

Please visit www.gov.ie/CaringPeriods or email pensioncaringsupports@welfare.ie for further information.

The quickest way to apply for Pension Caring Supports is online at www.MyWelfare.ie

To access [MyWelfare.ie](http://www.MyWelfare.ie) services you will need a verified **MyGovID** account.

Free Travel Scheme

You qualify for the Free Travel Scheme at age 66 if resident in the State. You do not need to submit a separate application. We will contact you regarding your Free Travel card. For more information, please visit www.gov.ie/freetravel or email freetravelqueries@welfare.ie

Household Benefits Package

The Household Benefits Package helps towards the costs of your electricity or gas bills. It also includes your television licence. You can apply for the Household Benefits Package online at www.MyWelfare.ie For more information, please visit www.gov.ie/householdpackage

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.