## Notice of giving up work due to ill-health





- Please answer all questions.
- Please use BLACK ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- For more information, log on to www.gov.ie.

1. Your PPS No.:  2. Title: (insert an 'X' or specify)  3. Surname:  4. First name(s):  5. Birth surname:  6. Your date of birth:		
specify) 3. Surname:  4. First name(s):  5. Birth surname:		
4. First name(s):  5. Birth surname:		
5. Birth surname:		
6. Your date of birth:		
7. Your mother's birth surname:		
Contact Details		
8. Your address:		
9. Your telephone number: MOBILE		
LANDLINE		
10. 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.		
Date: D D M M Y Y Y Y		
Signature (not block 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 1 continued	Your own details
<b>11.</b> Employer's name:	
<b>12.</b> Employer's address:	
<b>13</b> .Date you gave up work due to ill-health:	D D M M Y Y Y Y
due to ill-health:	D D M M Y Y Y Y  Please attach a medical certificate covering the period from

start of your illness to 31 December of the current year.

## Send this completed application form and relevant documents to:

Department of Social Protection
Client Eligibility Services
McCarter's Road
Buncrana
Co. Donegal

Telephone: 01 4715 898

0818 690 690

If you are calling from outside of Ireland please call: +353 1 4715898

Note: The rates charged for the use of 0818 numbers may vary among different service providers.

## 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, local Intreo Centre or local Social Welfare Office.

## **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 or 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 as a hard copy.

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

00K 09-21 Edition: September 2021