



Application form for Employee

Refund of PRSI contributions

What is a PRSI Refund?

A Pay Related Social Insurance (PRSI) refund can be applied for where the wrong PRSI rate has been paid from your wages or income.

Applications can be made for the last four complete tax years.

Who can apply for a PRSI Refund?

You may be entitled to a PRSI refund if:	Please complete
• You are over 66 and have paid PRSI on your wages	Parts 1 and 2
• You are under 16 and have paid PRSI on your wages	Parts 1 and 2
• You are Self-employed (Company Director/ Sole Trader/ Partnership) who paid class A contributions	Parts 1 and 2
• You are a Civil Servant who paid Class A instead of B/C/D	Parts 1 and 2
• You paid maintenance to a spouse / civil partner	Parts 1, 2 and 3
• You are a holder of an E101/A1/Certificate of Coverage/Exemption Certificate *See Part 5 checklist	Parts 1, 2 and 5
• You have no Contract of Service	Parts 1 and 2
• You worked in a Subsidiary Employment - A permanent civil/public servant recruited before 6 April 1995 who paid full PRSI in another employment	Parts 1 and 2
• You were in receipt of: <ul style="list-style-type: none"> – Maternity Benefit, – Adoptive Benefit, – Paternity Benefit, – Parent's Benefit, – Illness Benefit, – Occupational Injuries Benefit, or – Health and Safety Benefit 	Parts 1, 2 and 4 Your employer should complete Question 15.

How will I be paid?

Any refund due will be paid into your bank account by Electronic Fund Transfer (EFT).

How to complete this application form

- You can only apply for one type of refund per form. Incomplete forms will be returned and this will delay your application.
- When the form is completed, read **Part 5** and sign the 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 please visit www.gov.ie

How to fill this form

- You need a Personal Public Service Number (PPS Number) before you apply.
- 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.

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your 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 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

Contact Details

8. 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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Eircode

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Country

I	R	E	L	A	N	D													
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9. Your telephone number:

O	N	E		N	U	M	B	E	R		P	E	R		B	O	X
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10. 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



Application form for Employee Refund of PRSI contributions

Part 1

Your own details

1. Your PPS Number:
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

Contact Details

8. Your address:
- County Eircode
- Country
9. Your telephone number:
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.

Signature (not block letters)

Date:

D D

M M

2 0

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.

11. Why do you think you may qualify for a refund? Place **X** in only one box.

- Of pensionable age
- Self-employed (Company Director/Sole Trader/Partnership) who paid Class A contributions
- Civil/public servant who paid Class A instead of Class B/C/D
- Paid PRSI on full salary while getting Illness Benefit
- Paid PRSI on full salary while getting Maternity/Adoptive Benefit
- Paid PRSI on full salary while getting Paternity Benefit
- Paid PRSI on full salary while getting Parent's Benefit
- Paid maintenance to spouse/civil partner
- Holder of E101/A1/Certificate of Coverage/Exemption Certificate*
*See Part 5 checklist
- Under 16
- No Contract of Service
- Subsidiary Employment- A permanent civil/public servant recruited before 6 April 1995 who paid full PRSI in another employment
- Other reason – please give details below:

12. A refund may be claimed for a minimum of one year to a maximum of four years prior to the current year.

For what year(s) are you applying for a refund?

If your employment record for the most recent year is not available to us, we will not be able to process that particular refund and you will need to re-apply.

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2	0		
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2	0		
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2	0		
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Y Y Y Y

Part 2

Your payment details

Please provide your current, deposit or savings account details for payment.
The account must be in your name or jointly held by you.

Financial Institution

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

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):
Name 1:

Name 2 (if any):

Please note that the following will be deducted from your refund before payment issues:

- Any debt you may owe to the Department.
- Any benefit payment which was paid on the basis of an incorrect class of PRSI.

Part 3

People paying maintenance to a spouse or civil partner

13. Tax year(s) of payment:

Y Y Y Y

Amount of maintenance paid:

€ , .

€ , .

€ , .

€ , .

For each year you should attach the below (all of which are available from Revenue):

- A statement of Liability from the Revenue Commissioners, formerly known as a P21.
or
 Acknowledgement of Income Tax Return.
or
 Self-Assessment as received by Revenue Online Service (ROS).

Part 4

People on a full salary while getting Maternity / Adoptive / Paternity / Parent's / Illness Benefit, Occupational Injuries or Health and Safety Benefit

14. Which of the following is relevant to you? Place **X** in one box.

- Maternity Benefit
- Adoptive Benefit
- Paternity Benefit
- Parent's Benefit
- Illness Benefit
- Occupational Injuries Benefit
- Health and Safety Benefit

14a. When did you receive the above Benefit?

From:

To:

D D M M Y Y Y Y

14b. How much of the above Benefit did you receive?

€ . a week

15. Please have your employer confirm these details below.

I (employer) confirm that I received a total of € , . in Maternity / Adoptive / Paternity / Parent's / Illness Benefit, Occupational Injuries and/or Health and Safety Benefit payment for this employee.

(a) I deducted full PRSI and continued to pay their full salary.

or

(b) I deducted PRSI from their salary less the amount of Maternity / Adoptive / Paternity / Parent's / Illness Benefit, Occupational Injuries and/or Health and Safety Benefit.

Signature of Employer (not block letters)

Date: **20**

D D M M Y Y Y Y

Employer's official stamp

For a holder of E101/ A1/ Certificate of Coverage/ Exemption Certificate:

- Persons issued with an E101 Certificate / A1 Portable Document as migrant workers within the EU or non-EU nationals on temporary assignment to Ireland may be exempt from paying PRSI contributions.
- Persons issued with a Certificate of Coverage from a country with which Ireland has a bi-lateral Social Security Agreement on temporary assignment to Ireland may be exempt from paying PRSI contributions.
- Persons issued with a PRSI Exemption Certificate from Special Collections Section may be exempt from paying PRSI contributions.

Have you enclosed the following?

- Your E101/A1, if relevant.
- Your Certificate of Coverage, if relevant.
- Your Exemption Certificate, if relevant.

For customers who have paid maintenance to a spouse/civil partner?

- A statement of Liability from the Revenue Commissioners, formerly known as a P21.
or
- Acknowledgment of Income Tax Return.
or
- ROS Self-Assessment Statement.

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:

PRSI Refund Section

Department of Social Protection
Gandon House
Amiens Street
Dublin 1
D01 A361

Telephone: (01) 673 2586

Email: PRSIRefunds@welfare.ie

If you are calling from outside the Republic of Ireland please call + 353 1 673 2586

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.