|  |
| --- |
| **APPLICATION FORM [AND INFORMATION TO ASSIST IN COMPLETION OF THIS FORM]**  **RETIREMENT PENSION AND LUMP SUM ON GROUNDS OF PERMANENT INFIRMITY [ALL STAFF]** |

N.B.

* *Please refer to Info Ill-Health Retirement Information (IHR) before completing this form.*
  + *IHR Academic – teachers; IHR Non-Academic – all staff other than teachers*
* *Notes are available at the back of this form to aid completion*
* *Form TMed1 must be given to your current treating physician in advance of sending this form to the <Name of ETB>.*
* *The completed TMed1 form, “Doctor to Doctor” report and associated medical reports must be sent to the Occupational Health Service at the address on that form in order to progress the application.*

|  |
| --- |
| PART 1 – YOUR DETAILS Please use BLOCK CAPITALS |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

**1. Your PPS No.:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**2. Title: Mr.** **Mrs. Ms. Other**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**3. Surname:**

**4. First name(s):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** |

**5. Date of Birth:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **E** | **I** | **R** | **C** | **O** | **D** | **E** |

**6. Address:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**7. Your Telephone No.: Mobile:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Landline:**

**8. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 2 - DETAILS OF YOUR ABSENCE/EMPLOYMENT STATUS Please use BLOCK CAPITALS** | | | |
| **Are you currently on Leave of Absence?** | *Circle as appropriate* | *YES* | *NO* |
| **If yes, please give details of the type of absence, *(Sick leave, Career break, other – please specify):*** |  | | |
| **Date absence commenced:** | *Day* | *Month* | *Year* |
|  |  |  |
| **Have you resigned from your employment?** | *Circle as appropriate* | *YES* | *NO* |
| **If yes, date of resignation:** | *Day* | *Month* | *Year* |
|  |  |  |

**PART 3 - FOR COMPLETION BY PRINCIPAL/HEAD OF CENTRE, if appropriate Please use BLOCK CAPITALS where applicable**

I have noted the application for the award of Ill Health Retirement Pension of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is employed as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in this school/Centre. I confirm that s/he is not currently suspended from duty or under investigation for serious misconduct. I am aware that this application is dependent on the approval of the <Name of ETB> and I will be informed by them in due course of the outcome and the date of retirement if the application is approved.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Name of Principal /**

**Manager:**

**Signature of Principal/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** |

**Date (DDMMYY):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**School/Centre Name:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Centre/School telephone number:** | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |

**School/**

**Centre Stamp**

**ST**

PART 4 – YOUR SERVICE HISTORY

Details of Service. Please list below any previous service other than your current employment which has not been included for pension purposes. Please note that this service is subject to verification and the necessary transfer of service before it can be included in any retirement award:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates of Service** | | **Status** | **School/Centre** | |
| From | To | Perm/Temp/Sub/  Part time /Job-Sharing etc | Roll number | Name and Address |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please answer the following questions.**

|  |  |  |
| --- | --- | --- |
|  |  | Please answer yes or no |
| 1. | Have you served as a Teachta Dála, Senator or in a Ministerial capacity? |  |
| 2. | Have you received a marriage gratuity or a refund of contributions for service in a public-sector scheme? |  |
| 3. | Have you applied to purchase a period of actual service given within the Public Service? |  |
| 4. | Are you purchasing service under the Notional Service Purchase Scheme? |  |
| 5. | Are you contributing to Additional Voluntary Contributions?  (if YES, you must complete parts 7A, 7B & 7C fully). |  |
|  | Do you intend to use the AVC fund to cover any shortfall in pension contributions or  deductions for your gratuity? If so, you must **attach a letter** outlining your wish to do so. |  |
| 6. | Have you given service in Great Britain or Northern Ireland? |  |
| 7. | Are you in receipt of, or eligible for, benefit from any other Public Service Pension Scheme? |  |
| 8. | Have you given pensionable service in any other State or Semi-State organisation, e.g. Health Board or Local Authority? |  |
| 9. | Is there a court approved Pension Adjustment Order in place in relation to your retirement benefits? |  |

**NOTE**: If answer is "yes" please attach a separate sheet giving details.

|  |
| --- |
| PART 5 – DECLARATION FOR APPLICATION FOR BENEFITS |

|  |  |
| --- | --- |
| * I wish to apply for Retirement Pension and Lump Sum, in accordance with the terms of the relevant Superannuation Scheme, having developed a medical condition and formed the view that I am permanently incapacitated. I certify that, to the best of my knowledge, the details given in this application are true and correct. * I have completed the Checklist attached and read the retirement procedures document. * I understand and accept that if I am awarded ill-health retirement pension I will be deemed to have resigned from my duties if I have not done so already. * I accept that thereafter I will be prohibited from duties in any capacity in a school or college or other centre funded directly or indirectly by the State. * I understand that added years may not be granted where it is considered that a staff member’s disability has been caused by the member’s own misconduct or default. I have given TMed 1 Form to my current treating physician for completion and I have been assured by him/her that the completed form and all medical reports have been forwarded to the Occupational Health Service at the address on this form. * I understand that, if the Chief Executive requires me to do so, it may be necessary for me to attend a medical appointment with the OHS from time to time in order to determine if my infirmity continues. | |
| **Member’s signature:** |  |
| **Date:** |  |

**PART 6A – FOR COMPLETION BY NON-MEMBERS OF THE WIDOWS AND ORPHANS/SURVIVORS’ AND CHILDREN’S PENSION SCHEME.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I declare that I am not a member of the Widows and Orphans/Survivors’ and Children’s Pension Scheme.  I understand as a result of my **non-membership** of the Widows and Orphans/Survivors’ and Children’s Scheme, that should I pre-decease my spouse/civil partner s/he will have no entitlements under that scheme nor will my children (if any) as I am not a member. | | | | | | | | | | | | | | | | | | | |
| **Name of Member:**  **(*Block Capitals****)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Member’s Signature:** |  | | | | | | | | | | | | | | | | | | |
| **Date:** |  | | | | | | | | | | | | | | | | | | |
| **If you are not a member of the Widows and Orphans/Survivors’ and Children’s scheme, please proceed to Part 7 of this form having completed the above.** | | | | | | | | | | | | | | | | | | | |

**PART 6B - FOR COMPLETION BY MEMBERS OF THE SURVIVORS’ AND CHILDREN’S PENSION SCHEME**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I declare that I am a member of the Survivors’ and Children’s Pension Scheme.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Member:**  (*Block Capitals)* | |  |  |  | |  | | |  | |  | |  | | | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | | | |  | |  | |  | |
| **Member’s Signature:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** | Please tick (√) the correct description of your status | Single | | | | | Married | | | | | | | | In a Civil  Partnership | | | | | | | | Widowed | | | | | | | | | Separated | | | | | | | | Divorced | | | | | | |
|  | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |
| **If you have been single for the entire period of your membership of this scheme, please proceed to Part 7 of this form.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
| **2** | If you are married, in a civil partnership, widowed, separated, or divorced, please complete V, **W X, Y and Z** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **V** | Name of Spouse/Civil Partner | | | |  | | |  | |  | |  | |  | | | |  | |  | |  | | | |  | |  | | |  | | |  | |  | |  | | | |  | |  | |  |
| **W** | Date of Marriage/Civil Partnership | | | | | | | | | | | | | | | *Day* | | | | *Month* | | | | | *Year* | | | | *Enclosures (Circle)* | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | |  | | | | *Marriage/Civil*  *partnership*  *certificate* | | | | | | | | | | YES | | | | | | | |
| NO | | | | | | | |
| **X** | If your spouse/civil partner have predeceased you, please state date of death of spouse/civil partner. | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | *Death certificate* | | | | | | | | | | YES | | | | | | | |
| NO | | | | | | | |
| **Y** | If you are divorced, please state date of divorce | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | *Decree Absolute* | | | | | | | | | | YES | | | | | | | |
| NO | | | | | | | |
| **Z** | Is there a Pension Adjustment Order (PAO) | | | | | | | | | | | | | | | YES | | | | NO | | | | |  | | | | *Pension Adjustment Order (PAO)* | | | | | | | | | | YES | | | | | | | |
| NO | | | | | | | |

|  |  |
| --- | --- |
| **PART 6C – THIS SECTION TO BE COMPLETED BY LEGAL SPOUSE/CIVIL PARTNER** | |
| **My Name\*** *(Block Capitals)* |  |
| I declare that I am the Legal Spouse/Civil Partner of the Applicant named at Part 1 of this application form. | |
| **Signature of Legal Spouse/Civil Partner** |  |
| **Date** |  |

|  |
| --- |
| **PART 7A – REVENUE PENSIONS DECLARATION - MANDATORY** |

|  |  |
| --- | --- |
|  | *Please answer* YES/NO |
| 1. Did you, on or after 7 December 2005:    1. become entitled to any pension¹, lump sum or any other pension related benefit (e.g. defined benefit/defined contribution occupational pension scheme, retirement annuity contracted, PRSA, Additional Voluntary Contributions (AVC) for the purpose of supplementing retirement benefits etc) other than your pension entitlements from the Pension Scheme currently being claimed, or |  |
| * 1. direct that a payment or transfer be made to an overseas pension arrangement? |  |
| 1. Prior to the date of your retirement, or the date of commencement of pension payment, do you:    1. expect to become entitled to any pension, lump sum or any other pension related benefit (e.g. defined benefit/defined contribution occupational pension scheme, retirement annuity contracted, PRSA, Additional Voluntary Contributions (AVC) for the purpose of supplementing retirement benefits etc) other than the benefits arising from the current Pension being claimed, or |  |
| * 1. intend to direct that a payment or transfer be made to an overseas pension arrangement? |  |
| **If you have answered YES to questions 1 or 2, you are required to complete Part 7B & 7C of this Declaration Form** | |
| **If you have answered NO to the questions 1 or 2, you are required to complete Part 7C below.** | |

*¹ This does not include i) social welfare benefits, such as the State Pension or ii) private pension benefits which you received, or which came into payment before 07 December 2005.*

|  |
| --- |
| **PART 7B– REVENUE PENSIONS DECLARATION** |

|  |  |  |
| --- | --- | --- |
| 3. If you have an entitlement to any relevant pension benefit, **other than the current pension entitlement now being claimed**, please provide the following details in a separate document. | | |
|  | | *Please answer* YES/NO |
| 1. the type of pension arrangement (e.g. defined benefit / defined contribution occupational pension scheme, retirement annuity contract, PRSA, Additional Voluntary Contributions (AVC) for the purpose of supplementing retirement benefits etc.); | |  |
| 1. the date you became (or expect to become) entitled to the benefit(s) under the arrangement; | |  |
| 1. the nature of the benefit(s) (e.g. pension, annuity, tax-free lump sum, taxable lump-sum, transfer to an Approved Retirement Fund etc); | |  |
| 1. the name of the scheme/arrangement; |  | |
| 1. the contact details for the scheme administrator; |  | |
| 1. your reference number under the scheme/   arrangement; |  | |
| 1. in the case of a transfer made (or to be made) to an overseas pension arrangement, the amount or value (or expected amount or value) of the payment or transfer and the name of the scheme to which the transfer was (or is to be) made; | |  |
| 1. in the case of each defined contribution arrangement, the value of the fund (or the expected value of the fund) on the date you became (or expect to become) entitled to the benefit(s) under the arrangement; | |  |
| 1. in the case of each defined benefit arrangement: | |  |
| 1. where you have taken (or intend to take) a pension under the arrangement the annual amount of the pension payable (or expected to be payable) to you when the pension commenced (or commences) (please provide monetary amount); | |  |
| 1. the amount of any separate lump sum benefit taken or to be taken (ie other than by way of commutation of a pension) (please provide monetary amount); | |  |
| 1. where you have exercised an option (or intend to) in accordance with section 772(3A), 784(2A) or 787H(1) of the Taxes Consolidation Act 1997 (i.e. an “ARF” option), the amount or market value of the cash or other assets as were (or are expected to be) transferred either to you, to an ARF and/or an AMRF, following the exercise of the option. | |  |
| 1. where you have not exercised an option (or do not intend to do so) in accordance with section 787H(1) of the Taxes Consolidation Act 1997 and instead have retained (or intend to retain) the assets of the PRSA in that or any other PRSA, the amount or market value of the cash or other assets as are retained in the PRSA | |  |
| 1. Do you have a certificate from the Revenue Commissioners stating the amount of the *Personal Funds Threshold* in accordance with section 787P of the Taxes Consolidation Act 1997? (If the answer is YES, please enclose a copy) | |  |

|  |
| --- |
| **PART 7C – REVENUE PENSIONS DECLARATION** |

|  |
| --- |
| **I declare that the information provided by me in this form is complete and correct. I consent to the administrator of the relevant Superannuation Scheme contacting the scheme administrator, as appropriate, on my behalf for the purposes of clarifying, if necessary, any aspect of the information provided under this Declaration.** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FULL NAME:** (*Block Capitals)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SIGNATURE:** |  | | | | | | | | | | | | | | | | | | | |
| **DATE:** |  | | | | | | | | | | | | | | | | | | | |
| **PPS NUMBER:** |  | | | | | | | | | | | | | | | | | | | |
| **ADDRESS:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Be aware that there is provision in the legislation that, where capital value of one’s pension benefits exceeds the Standard Fund Threshold SFT/ Personal Fund Threshold PFT, tax due on any chargeable excess may be deducted from the pensioner’s lump sum or ongoing pension** |

|  |
| --- |
| **PART 8 – AGGREGATION OF PUBLIC SERVICE PENSIONS FOR PSPR PURPOSES** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | PPS: |  |

|  |  |  |
| --- | --- | --- |
| Are you in receipt of a benefit from any other Public Service Pension Scheme? | **Yes** | **No** |
| Tick as appropriate: |  |  |

(Please note that pensions payable from the Department of Social Protection under the Social Welfare Code are not regarded as Public Service Pensions for the purposes of PSPR).

|  |
| --- |
| If **no**, proceed to Declaration. If **yes**, please provide the following information: |

|  |  |
| --- | --- |
| **Other Paying Authority information required** | |
| Name of Authority: |  |
| Address: |  |
| Type of Pension  Member, Spouse/Civil Partner |  |
| If you are in receipt of a Spouses pension, please confirm: |  |
| * Spouse’s/Civil Partner’s date of retirement: |  |
| * Spouse’s/Civil Partner’s date of death: |  |
| *Additional information regarding Paying Authority if know to you:* | |
| Email address: |  |
| Contact Name: |  |
| Telephone Number: |  |
| Employer Registration Number: |  |
| Pension Commencement Date: |  |
| Gross Annual Pension (amount before deduction of PSPR): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration** | | | |
| **I declare that all of the information I have given on this form is correct.**  **I understand that I am legally obliged to inform the ETB if I become entitled to another Public Service Pension which is subject to PSPR.**  **I authorise the ETB to contact the Paying Authority stated above to verify the information I have provided.** | | | |
| **Member’s Signature:** |  | **Date:** |  |

"The information on this form will be used only for the purpose for which it was collected and it will be processed in accordance with the Data Protection Act, 1988 and the Data Protection (Amendment) Act, 2003."

**CHECKLIST FOR COMPLETION OF FORM 2 (APPLICATION FOR ILL HEALTH RETIREMENT BENEFITS)**

Incomplete information or missing documentation is likely to result in delayed payment when pension entitlements are being processed**.**

Please answer **YES *or* NO** below indicating that you have fully completed, signed and included all necessary documentation in the envelope with your application:-

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** | |
| **Fully** completed and signed Application (**Form IH1)** | Mandatory |  | |  |
| Signed the declaration and application for benefit **(Part 5)** | Mandatory |  | |  |
| Assured by my physician that the completed Form and all medical reports have been sent to the OHS at the address on TMed 1 | Mandatory |  | |  |
| **The following relates to successful applications** | | | | |
| Letter outlining wish to use AVC Fund **(Part 5 (5))** | If applicable |  | |  |
| Signature by Non – member of Spouse and Children Scheme **(Part 6A)** | If applicable |  | |  |
| Signature by Member of Spouse and Children Scheme **(Part 6B)** | If applicable |  | |  |
| Signature of Spouse/Civil Partner of member of Spouse and Children Scheme **(Part 6C)** | If applicable |  | |  |
| Civil Marriage Certificate/Civil Partnership Certificate (other certificates are not acceptable) **(Part 6B W)** | If applicable |  | |  |
| Death Certificate **(Part 6B X)** | If applicable |  | |  |
| Decree Absolute (**Part 6B Y)** | If applicable |  | |  |
| Pension Adjustment Order **(Part 6B Z)** | If applicable |  | |  |
| Birth Certificate | If applicable |  | |  |
| Revenue Pensions Declaration **(Part 7A (Mandatory) & 7C and 7B if applicable)** | Mandatory |  | |  |
| Aggregation of Public Sector Pensions for PSPR Purposes (Part 8) |  |  | |  |
| Authorisation of payment to your bank account (separate form – Pay Mandate) | Mandatory |  | |  |

|  |  |
| --- | --- |
| **I have completed Form RET IH1 fully, obtained the relevant documents, checked all against this completed check list and enclose all the documentation required.** | |
| **Member’s Signature:** |  |
| **Date:** |  |

|  |
| --- |
| **IARRATAS AR IOCAIOCHT PHINSIN TRID AN BHAND (RIACHTANACH)**  **APPLICATION FOR PAYMENT OF PENSION THROUGH A BANK (MANDATORY)** |

|  |
| --- |
| **IARRATAS AR IOCAIOCHT PHINSIN TRID AN BHAND (RIACHTANACH)**  **APPLICATION FOR PAYMENT OF PENSION THROUGH A BANK (MANDATORY)** |

**Ainm/Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (BLOCK CAPITALS)

**Seoladh Baile/Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Ní mór gach comhfhreagras a eisiúint chuig an Seoladh Baile/ All correspondence must issue to Home Address*

**Uimh. Teileafóin /Phone No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seoladh Ríomhphoist/Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PSP/PPS No:** |  |  |  |  |  |  |  |  |

|  |
| --- |
| **SONRAÍ CUNTAIS BAINC/BANK ACCOUNT DETAILS** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cód Sortála Bainc/Bank Sort Code: | | | | | | |  | | |  | | | - | | |  | | |  | | | - | | |  | | |  | |
| Uimhir Chuntais/Account No: | | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| Cuntas IBAN/A/C IBAN: |  |  |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| BIC Chuntas/SWIFT/ACCOUNT BIC/SWIFT: | | | | | | | | | | | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |

**Ainm aguse Seoladh an Bhainc:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank Name & Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Údaraítear/Declaration**

**Is mian liom go n-íoctar mo deontas díreach isteach i mo chuntas bainc.**

**Is léir dom go mbeidh méid ar bith den phinsean atá ag teacht chugam go cuí ar lá mo bháis iníochta le m’eastát ar na ceanglais dlí riachtanacha a chur I gcrích. Is mian liom go n-íochtar mo tuarastail í €(euro) amhain.**

**I understand that my award will be paid directly to my bank account.**

**I understand that any amount of pension properly due to me at the date of my death will be payable to my estate on completion of the necessary legal requirements. I understand that my payments will be made in €(euro) only.**

Síniú an Iarratasóir/ Síniú 2ú Cuntas Sealbhóir

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of 2nd Account holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Cuntais Comhchoiste Amháin/Applies to Joint Accounts Only)

Dáta/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dáta/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **INFORMATION LEAFLET TO ASSIST IN COMPLETION OF APPLICATION FORM TO APPLY FOR RETIREMENT BENEFITS** |

N.B. *In order to enable processing of your application for retirement benefits in a timely manner, please return this completed application form as soon as possible*

**PART 1 – YOUR DETAILS**

Please complete all contact details, personal information and retirement date.

**PART 2 – DETAILS OF ABSENCE/EMPLOYMENT STATUS**

Please complete all relevant details.

**PART 3 – COMPLETION BY PRINCIPAL OR HEAD OF CENTRE**

This part of the form **must** be completed by your school Principal or Head of Centre and **must** be stamped with the school/centre stamp.

**PART 4 – SERVICE HISTORY**

Outline details of your service and additional details in relation to service. Additional information may be outlined on a separate sheet which **must** be attached to this Form.

ADDITIONAL VOLUNTARY CONTRIBUTIONS (AVC)

AVC are provided by private companies. If you have an AVC and wish to affect a transfer value (purchase additional service/pay for deductions) this <ETB Name> recommends that you first consult with your AVC provider. To ensure payment of pension benefits in a timely manner, you must inform the Pension Section, in advance of your retirement date that you intend to transfer your AVC. There is no facility to transfer an AVC once payment of lump sum has been made. Please provide a separate letter stating clearly that you wish to affect a transfer value of your AVC fund.

**PART 5 – DECLARATION FOR APPLICATION FOR ILL HEALTH BENEFITS**

This portion of the form **must** be signed and dated in order for the application to be processed.

**PART 6A, B & C – SURVIVORS’ AND CHILDREN’S SCHEME**

Prior to your pension entitlements being processed, it is **mandatory** to complete and sign part 6A or 6B and 6C (if applicable) relating to the Spouses and Children’s Pension Scheme. Please note that completion of this part of the application form for pension benefits does not constitute an invitation to join the Spouses’ and Children’s Pension scheme.

**Part 6A** is for completion by non-members of the Survivors’ and Children’s Pension Scheme.

**Part 6B** is for completion by members of the Survivors’ and Children’s Pension Scheme.

**Part 6C** (if applicable) must be signed by your spouse/civil partner.

It is essential that **Original State (civil)** marriage certificate, civil partnership certificate and death certificate as appropriate are providedfor inspection. For your information, an original civil marriage certificate and death certificate may be obtained by contacting the General Register Office (G.R.O.) at +353 (0) 90 6632900 or LoCall: 1890 252076.

Where appropriate, please supply a certified copy of your Decree Absolute and Pension Adjustment Order

All legal documents provided by you will be copied for record purposes and returned to you.

**PART 7 A, B & C - REVENUE PENSIONS DECLARATION INFORMATION**

**REQUIRED UNDER SECTION 787R (4) OF THE TAXES CONSOLIDATION ACT 1997.**

Section 14, Finance Act 2006, introduced a new limit on the amount of an individual’s tax relieved pension fund and capped the amount of tax free cash that can be taken. Both these limits are personal life time limits and apply to benefits taken or which come into payment on or after 06 December 2005.

Section 787R(4) of the Act provides that a person with retirement benefits (from any source, including all public sector superannuation schemes, but excluding social welfare benefits) with an aggregate capital value on drawdown above a specified threshold is liable for tax on the amounts above the threshold. Where the threshold is exceeded, an up-front income tax charge of 40% on the excess arises.

In order to assess potential liability to the tax, if any, every teacher claiming benefits from a Public Sector Pension Scheme, must complete the attached Revenue Declaration Form. The form is divided into three, Part A is in effect a NIL declaration and part B is required only in the event that the teacher claiming benefits from a Public Sector Pension Scheme has relevant pension entitlements from other sources. **Part C must be completed and signed in all cases.**

**Part 8 – AGGREGATION OF PUBLIC SERVICE PENSIONS FOR PSPR PURPOSES**

The Public Service Pension Reduction (PSPR) was introduced under the Financial Emergency Measures in the Public Interest Act 2010 and was effective from 1st January 2011. It was extended and amended by the Financial Emergency Measures in the Public Interest Act 2013. The reduction is applied to a pensioner’s gross annual rate of pension using a set of rates and income bands. Since, 1st September 2013, **where a person is in receipt of two or more public service pensions with a combined value per annum of over a prescribed amount as advised by the Department of Public Expenditure and Reform**, PSPR will be applied to the combined or aggregated value. For a recipient of more than one public service pension, the amendment of their PSPR from 1st September 2013 will put them in the same position as a pensioner who has just one pension equal to the combined value of their pensions.

The Public Service Pensions (Single Scheme & Other Provisions Act 2012 was enacted on 28th July 2012. The Act contains certain provisions affecting all members of public service pension scheme. The Act imposes a duty on any person applying for a member from the scheme to provide certain information such as their PPSN as well as other information considered to be necessary for the efficient operation of public service pension schemes.

You should provide details of any remuneration you are in receipt of or any pension entitlements you have from any other public service body. The precise detail of what is required is outlined at Part 8.

*Outline details any additional service you may have and additional details in relation to service. Additional information may be outlined on a separate sheet which must be attached to this form. The information requested is mandatory and must be provided.*

*You should note that the Public Service Pensions (Single Scheme & Other Provisions) Act 2012 imposes a 40-year limit on the total service which can be counted towards pension where a person has been a member of more than one existing public service pension scheme; such a limit already applies to service in any one scheme. This extended 40-year limit came into effect on 28 July 2012, though persons exceeding the limit on that date will not lose any service accrued up to that point.*

*The 2012 Act also imposes a duty on members of all public service pension schemes to provide information which is considered necessary for the proper operation of the scheme.*

**DATA PROTECTION**

The <Name of ETB> will treat all personal data you provide on this form as confidential and will use it solely for the purpose intended. The information will only be disclosed as permitted by law or for the purposes listed in the Body’s registration with the Data Protection Commissioner (DPC). If the information you have provided is to be used for purposes other than outlined in the Body’s registration with the DPC, your permission will be sought.