



Illness Benefit and Injury Benefit

Medical evidence must be submitted by you (or online by your doctor) in support of this claim

Please use this page as a guide to filling in this form.

- Complete using **black** ballpoint pen.
- Use BLOCK LETTERS and place an X in the relevant boxes.
- Answer **all questions** that apply to you. If you do not answer all the questions that apply to you, we may not be able to process your claim.
- If you have a spouse, civil partner or are cohabiting you must provide their details so that we can calculate your correct payment, even if you are not claiming an increase for them.
- You need a Personal Public Service Number (PPS No.) before you apply.
- Please ensure that you sign and date the declaration on the application form.
- Conditions while receiving Illness or Injury Benefit:
 1. You must not engage in employment or self-employment while claiming Illness or Injury Benefit. In order to qualify for Illness or Injury Benefit you must not have become incapable of work through your own misconduct.
 2. You must not be in receipt of holiday pay from your employer.
 3. You must attend a medical assessment by a medical assessor of this Department if required and obey your doctor's instructions. You must answer all reasonable questions from officials of this Department when required.
 4. Illness or Injury Benefit is not paid in countries not covered by EU regulations. However, if you go to a country not covered by EU regulations to get approved treatment, your payment may resume when you return.
- If you, or any of your dependants, intend to leave the State for any reason, you must inform the Department.

For more information, visit www.welfare.ie

How to complete this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).
- Use BLOCK letters.
- Place an X in the relevant boxes

Please see example below.

1. Your PPS No.:	1	2	3	4	5	6	7	T								
2. Title: (insert an 'X' or specify)	Mr.	☐	Mrs.	☐	Ms.	☒	Other	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. Surname:	M	U	R	P	H	Y										
4. First name(s):	M	A	U	R	E	E	N									
5. Birth surname:	M	C	D	E	R	M	O	T	T							
6. Your date of birth:	3	0		0	8		1	9	7	8						
	D	D		M	M		Y	Y	Y	Y						
7. Mother's birth surname:	O	D	O	W	D											
8. Your address:	1		N	E	W		S	T	R	E	E	T				
	O	L	D		T	O	W	N								
	C	A	V	A	N		T	O	W	N						
County	C	A	V	A	N					Postcode						

SAMPLE



Illness Benefit and Injury Benefit

Part 1

Your own details

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:

Mr.		Mrs.		Ms.		Other			
D	D	M	M	Y	Y	Y	Y		

7. Mother's birth surname:
8. Your address:

[illegible]

By providing a mobile telephone number you have given consent to the department to contact you, via SMS, in relation to your claim. If you change your mobile telephone number during your claim please notify the department, verification may be required.

9. Mobile telephone number:

[illegible]

10. Email address:

[illegible]

11. Are you currently?
(Mark one only)

- ☐ Single
 ☐ Cohabiting
 ☐ Civil Partnership
- ☐ Married
 ☐ Divorced
 ☐ Surviving Civil Partner
- ☐ Separated
 ☐ Widowed
 ☐ Former Civil Partner

12. If you are married, in a civil partnership or cohabiting, from what date?





13. If you are separated, divorced, a former civil partner, widowed, or a surviving civil partner, from what date?





Part 1 continued

Your own details

14. Are you an Irish, EU/EEA or Swiss Citizen?

Yes ☐

No ☐

If 'No', confirm your Stamp type and GNIB number:

Stamp 1 ☐

Stamp 3 ☐

Stamp 2 ☐

Stamp 4 ☐

GNIB No.

Supporting documentation is not required at this stage, but may be requested at a later date.

If your spouse/civil partner/cohabitant is currently on a social welfare claim, and they are being paid for you as a dependant on that claim, you cannot remain on their claim and receive payment of Illness/Injury benefit at the same time. It is presumed that in making this claim you wish to receive payment yourself, provided your entitlement to payment is higher than the dependant rate on the other claim. However, if you wish to remain on your spouse/civil partner/cohabitant's claim and not receive payment of Illness/Injury benefit yourself please mark here: ☐

Part 2

Your work and claim details

15. Please confirm the date your doctor has certified you as unfit for work from:

(This date is mandatory. This is the date completed by your doctor on your medical certificate)

D D

M M

Y Y Y Y

16. Have you ever been employed?

Yes ☐

No ☐

(If 'Yes', complete questions 17 - 19, if 'No' proceed to question 21)

17. Are you currently employed?

Yes ☐

No ☐

If 'Yes', state your current occupation:

Details of your current employer:

Employer's name:

Employer's address:

County

Postcode

Type of business:

Employer's Registered Number:

Part 2 continued

Your work and claim details

18. Are you currently or were you most recently employed within the Republic of Ireland?

Yes ☐

No ☐

If 'No', were you last employed outside the Republic of Ireland, but within the EU/EEA or Switzerland?

Yes ☐

No ☐

If so, confirm country of last employment:

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19. Have you ever worked outside of the Republic of Ireland, in another EU/EEA country or Switzerland?

Yes ☐

No ☐

20. Are you receiving a state paid pension, benefit or allowance from another country?

Yes ☐

No ☐

If 'Yes', state:

Type of payment:

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Country of payment:

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

21. Are you taking part in any of the following courses or schemes?

Yes ☐

No ☐

If 'Yes', tick below and confirm start date:

Start date of course or scheme:

Rural Social Scheme:

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Vocational Training Opportunities Scheme:

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Further Education and Training Allowance:

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Tús:

☐

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Gateway:

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D D

M M

Y Y Y Y

Part 3

Late claims

Your claim should be made within 7 days of you becoming unfit to work, even if your employer pays you while you are out sick. If you are qualified to receive benefit, you may lose money and/or credits if your claim is late. Your payment may be backdated for up to six months provided there was a good reason for claiming late. In certain limited circumstances backdating beyond six months may be considered.

If your claim is late, please state here why you did not claim on time:

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Part 4

Your spouse's, civil partner's, cohabitant's or adult dependant's details

If you have a spouse, civil partner or cohabitant you must provide their details so that we can calculate your correct payment. If you fail to provide these details it may delay your claim. If you wish to claim an increase in your payment for a dependant please complete Part 8.

22. Their PPS No.:

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23. Their surname:

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24. Their first name(s):

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25. Are they taking part in any of the following courses or schemes:

Rural Social scheme, Tús, Further Education and Training course or scheme, Gateway or a Vocational Training Opportunities Scheme (VTOS)?

Yes ☐

No ☐

If 'Yes': Are you being paid as an adult dependant on their payment? Yes ☐

No ☐

Is there an increase for a child dependant on their payment?

Yes ☐

No ☐

Type of course/scheme:

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Part 5

Your payment details

26. Do you wish payment to be made:

Directly to you? ☐

Or

Directly to your employer? ☐

I authorise the Department of Social Protection to pay my Illness/Injury benefit to my employer's bank or building society account.

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Signature (not block letters)

You can get your payment at your local post office or directly to your current, deposit or savings account in a financial institution. Please complete one option on the opposite page.

Please note that you will need a public services card, or a social welfare card with suitable identification, in order to collect payment from the post office. Illness/Injury benefit has no set payment day, payment issues as medical certificates are received.

Alternatively, if you want us to make your payment to your employer, fill in your employer's account details and sign the declaration above.

Your payment details

Payment to a Financial Institution

Name of financial institution:

[illegible]

Bank Identifier Code (BIC):

[illegible]

International Bank Account
Number (IBAN):

[illegible]

Name(s) of account holder(s):

Name 1:

[illegible]

Name 2 (if any):

[illegible]

Payment to a Post Office

Name and address of Post Office:

[illegible]

Part 6

Declaration

27. Do you wish to claim Injury Benefit (for Occupational Injuries)? Yes ☐ No ☐
If 'Yes', please complete Part 7
28. Do you wish to claim an increase for an adult dependant? Yes ☐ No ☐
If 'Yes', please complete Part 8
29. Do you wish to claim an increase for a child dependant? Yes ☐ No ☐
If 'Yes', please complete Part 9 (and Part 8 if you are married, cohabiting or in a civil partnership)

I declare that I will not work or engage in self-employment whilst claiming Illness/Injury Benefit. 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. I consent to the Department contacting my doctor in respect of my claim and I authorise my doctor to give the Department any medical information that may be required.

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Signature (not block letters)

Date:

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D D

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MM

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Y Y Y Y

The Department is required, by legislation, to share information with the Office of the Revenue Commissioners. Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 7

Injury Benefit - work related

See overleaf for details of what is covered by the Injury Benefit scheme.
If you now wish to claim Injury Benefit, complete one of the sections below.

Was your Illness/Injury caused by an **Accident/Incident at work**?

Yes ☐

No ☐

30. Date of the accident/incident:

D D

M M

Y Y Y Y

31. Time of the accident/incident:

 :

AM ☐

PM ☐

32. After the accident/incident did you work until the normal finishing time?

Yes ☐

No ☐

33. Did you report the accident/incident to your employer?

Yes ☐

No ☐

34. What injury did you receive as a result of the accident?

Was your Illness/Injury caused by a **Commuter accident/incident**?

Yes ☐

No ☐

35. Date of the accident/incident:

D D

M M

Y Y Y Y

36. Time of the accident/incident:

 :

AM ☐

PM ☐

37. Did the accident happen on the way:

To work? ☐

From work? ☐

If to work:

Were you travelling from your normal place of residence (home) to work?

Yes ☐

No ☐

Was this an unbroken journey from home to work?

Yes ☐

No ☐

If to home:

Were you travelling from work to your normal place of residence (home)?

Yes ☐

No ☐

Was this an unbroken journey from work to home?

Yes ☐

No ☐

Were you travelling directly from work to home?

Yes ☐

No ☐

Was your incapacity for work caused by a **Prescribed Disease**?

Yes ☐

No ☐

A Prescribed Disease is a disease, specified in Social Welfare legislation, caused by the nature of your work. For further details please see Page 13.

38. Type of disease:

39. When did you become incapable of work due to this prescribed disease?

D D

M M

Y Y Y Y

40. Did you develop this prescribed disease whilst working for your current employer?

Yes ☐

No ☐

Injury Benefit - work related

Injury Benefit covers, but is not limited to:

an accident/incident at work

or

an accident/incident while travelling, on an unbroken journey, to/from your normal place of residence and your place of employment

or

an incapacity due to a prescribed disease caused by the nature of your work.

For further details please see Page 13.

Employer Declaration

This section should be completed by your employer

An employer is statutorily obliged to provide the Department with any information required concerning an accident or alleged accident for which Injury Benefit may be payable.

Please answer all relevant questions and sign this section.

41. What PRSI contribution class is paid in respect of this employee?

A ☐J ☐D ☐M ☐B ☐Other ☐

42. In the case of a commuter accident, were they scheduled to work on the day of the accident?

Yes ☐No ☐

If 'Yes', confirm hours scheduled/worked on the day:

From: : AM PM To: : AM PM

43. In the case of an accident/incident at work, can you confirm that an accident/incident occurred?

Yes ☐

No ☐

44. In the case of an accident/incident at work, can you confirm that the accident/incident happened in the course of employment?

Yes ☐No ☐

Signature:

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Company position:

[illegible]

Name:
(block letters)

[illegible]

Telephone No:

[illegible]

Date:

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2	0		
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D D M M Y Y Y Y

Part 8

Your spouse's, civil partner's, cohabitant's or adult dependant's income details

- If you are married, in a civil partnership or cohabiting you may qualify for an increase in your payment if your spouse, civil partner or cohabitant, is considered an adult dependant.
- If you are divorced, separated or your civil partnership has been dissolved, your former spouse or civil partner may still be considered an adult dependant in certain circumstances.
- An adult dependant must reside within the EU/EEA or Switzerland, must not be imprisoned and must not be in receipt of a social welfare payment in their own right, except for those listed on Page 14.
- To claim an increase for an adult dependant their gross income must be €310 or less a week.
- To claim an increase for a child dependant your spouse, civil partner, cohabitant or adult dependant must have gross income of €400 or less a week.
- Weekly income from capital is assessed by the department, please provide the total capital value. See Page 15 for how to calculate capital value and for further information on how the department assesses this as income.
- Please see Pages 14 and 15 for further details and information on how to calculate average income.

If you wish to claim an increase for an adult dependant please ensure that Part 4, Q. 28 and Part 8 are fully completed. If you fail to fully complete these parts any claim for an increase cannot be processed. Part 8 must also be completed if you wish to claim an increase for any dependent children, and you have a spouse, civil partner or cohabitant.

45. Does your spouse/civil partner/cohabitant/adult dependant live with you?

Yes ☐

No ☐

If they do not live with you, are you paying maintenance?

Yes ☐

No ☐

If 'Yes', please state how much:

€ . a week

46. Does your spouse/civil partner/cohabitant/adult dependant receive a payment/allowance for any of the following courses or schemes?

Yes ☐

No ☐

- Vocational Training Opportunities Scheme (VTOS),
- Further Education and Training course or scheme (FET)

If 'Yes', please state their total payment/allowance received:

€ . a week

Part 8 continued

Your spouse's, civil partner's, cohabitant's or adult dependant's income details

47. Does your spouse/civil partner/cohabitant/adult dependant have income from any of the following sources:

Yes ☐

No ☐

- Employment (including unpaid leave from employment, see Page 14, excluding Community Employment Schemes),
- Self-employment (including Farming),
- Rural Social Scheme (RSS),
- TÚS,
- Gateway,
- Private or Occupational pension (from Ireland or abroad),
- State paid pension, benefit or allowance from abroad,
- Maintenance,
- Rental Income (including income from renting a part of their home),
- Trust fund or Deed of covenant.

If 'Yes', please state their total gross income from all sources: (see Page 14 and 15)

€ . a week

If any property/savings/investments are held jointly you should give the total capital value of your spouse, civil partner or cohabitant's share only e.g. if jointly owned by two people divide total by 2, if jointly owned by three people divide total by 3.

48. Does your spouse/civil partner/cohabitant/adult dependant have or own any of the following:

Yes ☐

No ☐

- Property or Land other than the family home (not rented or leased out),
- Stocks, shares or investments,
- Savings.

If 'Yes', please state their share of the total capital value from all sources, to the nearest euro: (see Page 15)

€

You are not required to submit proof of your spouse/partner/cohabitant/adult dependant's income at this stage. However, you must have documentation to support the above income declarations as you may be asked to submit this, if your claim is chosen for a detailed review.

Part 9

Details of your dependent child(ren)

If you wish to claim an increase for a child dependant please ensure that Q. 29 and Part 9 are fully completed. Part 4 and Part 8 must also be completed if you have a spouse, civil partner, cohabitant or adult dependant. If you fail to fully complete these parts any claim for an increase cannot be processed. For child dependants aged 18-22 years please complete only if they are in full time education.

Child 1

PPS Number

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Child's name:

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Date of birth:

D	D	M	M	Y	Y	Y	Y		

Relationship to you:

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

Does the child live with you?

Yes ☐ No ☐

If the child does not live with you, are you contributing substantially to their upkeep? (see Page 15)

Yes ☐ No ☐

Child 2

PPS Number

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

Child's name:

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

Date of birth:

D	D	M	M	Y	Y	Y	Y		

Relationship to you:

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

Does the child live with you?

Yes ☐ No ☐

If the child does not live with you, are you contributing substantially to their upkeep? (see Page 15)

Yes ☐ No ☐

Child 3

PPS Number

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

Child's name:

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

Date of birth:

D	D	M	M	Y	Y	Y	Y		

Relationship to you:

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

Does the child live with you?

Yes ☐ No ☐

If the child does not live with you, are you contributing substantially to their upkeep? (see Page 15)

Yes ☐ No ☐

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

What is an occupational accident?

An accident is regarded as any unexpected happening or event which results in a personal injury.

1. Where the accident arises in the course of a person's employment, it is presumed to have arisen out of that employment unless there is reason to believe that it was not caused by the employment.
2. However, an accident is also accepted as an occupational accident if it:
 - was caused by another person's misconduct, negligence or misbehaviour, or
 - was caused by the behaviour or presence of an animal (including bird, fish or insect), or
 - was caused by being struck by any object or by lightning,provided the insured person did not directly or indirectly cause or contribute to the happening of the accident by their conduct outside the employment or by any act not incidental to the employment.
Other situations included:
3. One which arises although the person may not have been acting in accordance with any statutory or other regulations applicable to the employment, or in accordance with instructions from their employer, provided it would have been deemed to have arisen from the employment otherwise and the act was done for the purpose of the employer's trade or business.
4. One which arises while the person is travelling, on an unbroken journey, to or travelling directly from their normal place of residence and work.
5. One which arises while the person is in or about any premises at which they are being employed for the purposes of their employer's trade or business and is taking steps, in an actual or supposed emergency at those premises to rescue, succour or protect persons who are, or are thought to be or possibly to be, injured or imperilled, or to avert or minimise serious damage to property.
6. One which occurs to an insured person, who is an apprentice, while they are in attendance at a technical school or other place for training or instruction (whether during ordinary hours of employment or otherwise), if their attendance at that school or place is with their employer's consent or is required by direction of their employer or under the contract of apprenticeship.

What is a prescribed occupational disease?

A prescribed occupational disease is one that has developed because of the type of work you do. It also includes any condition resulting from the disease. If you are suffering from a prescribed occupational disease, you may qualify for payment under the Occupational Injuries Scheme.

You may qualify for benefit if:

- you are suffering from certain prescribed diseases,
- you have been employed on or after 1 May 1967 in one of the occupations linked to that disease*
- the disease results from the nature of your employment.

*If your occupation is not linked to a prescribed disease (other than deafness) but if you can produce evidence to show that the disease was developed due to your employment, you may also qualify for benefit.

For further information and the full list of prescribed diseases visit www.welfare.ie

Who can be considered an “adult dependant” for Illness Benefit purposes?

An adult dependant can be a person who is wholly or mainly maintained by you, and is one of the following to you:

Spouse, Civil Partner, Cohabitant, Ex-spouse, former Civil Partner, or a person over 16 years of age who is caring for a qualified child of the claimant.

Where a married couple have separated or are divorced or where a Civil Partnership has been dissolved the claimant's ex-spouse or ex-civil partner may be regarded as an adult dependant where:

1. They are not cohabiting with another person
2. They do not have a weekly income in excess of the specified limit, and
3. You are paying weekly maintenance equal to or greater than the current rate of Increase for an adult dependant. For current rates visit www.welfare.ie

What are the income limits for an “adult dependant” for whom an increase may be due?

Your adult dependant must not have a social welfare payment in his or her own right except for:

Child Benefit, Disablement Benefit, Domiciliary Care Allowance, Foster Care Allowance, Guardian's Payment (Contributory) and (Non-Contributory), Half-rate Carer's Allowance, Occupational Injuries Death Benefit in respect of an orphan, and/or Supplementary Welfare Allowance.

Your spouse, partner, or cohabitant cannot have gross weekly earnings or income (before tax and PRSI deductions) of more than €310. If your adult dependant earns less than €100 you may get a full increase for an adult dependant (Increase for Qualified Adult or IQA).

If your adult dependant earns between €100 and €310 you may get a reduced rate of IQA (sometimes called a tapered rate of IQA). If your adult dependant is earning more than €310 you will not get an IQA but may still qualify for half rate increase for qualified children if the earnings are not more than €400.

To calculate average income for your spouse/civil partner/cohabitant follow these guidelines:

Unpaid leave from employment;

Where the spouse/civil partner/cohabitant avails of either paid or unpaid leave, in estimating the revised gross weekly income of the spouse/civil partner/cohabitant, regard should be had to the level of income likely to be received by the spouse/civil partner/cohabitant in the coming year.

Where this information is not available, income for the coming year should be estimated by reference to income in the 52 weeks to the end of the leave period.

Example:

While employed the spouse/civil partner/cohabitant has a weekly income of €400.00. S/he takes unpaid leave for 13 weeks from 1st June 2016. In order to calculate the amount of earnings which s/he is likely to receive in the 52 weeks from the start of the leave, his/her weekly income should be multiplied by 39 (52-13) and divided by 52.

To calculate average income for your spouse/civil partner/cohabitant follow these guidelines (continued):

Income from employment, maintenance, rental/letting income, pensions from other countries or occupational pensions;

The gross income figure is used, no deductions are allowed in respect of, for example, tax, PRSI, superannuation and the Universal Social Charge (USC) etc.

Where earnings are received at monthly intervals, the weekly average over the previous 2 months should be taken. To convert this to a weekly average add the total for the two months together, multiple this figure by 6 to give a yearly average, and then divide this figure by 52 to get your average weekly figure.

Where earnings are received four weekly, the weekly average over the previous 8 weeks should be taken. Where earnings are received weekly or fortnightly, the weekly average over the previous 6 weeks should be taken.

Note, if the standard period was unrepresentative, a longer period should be chosen. Or if the employment has just started, the current earnings should be assessed.

Income from self-employment (including farming);

Weekly income from self-employment should be estimated by reference to the income received in the last complete tax year i.e. annual total receipts less work-related expenses divided by 52.

Income from property (not rented), savings, investments, stocks or shares;

For property or land, the capital value is the current market value less any outstanding mortgage. For stocks or shares, the capital value is the total number of stocks/shares multiplied by the number held. For savings or investments, the capital value is the total amount held in the account or investment fund.

Note, a weekly income value is then calculated by the department as follows:

First €20,000 equals weekly income of Nil,

Next €10,000 equals weekly income of €1 per €1,000,

Next €10,000, equals weekly income of €2 per €1,000,

Excess of €40,000 equals weekly income of €4 per €1,000.

What is “contributing substantially” to the upkeep of a child?

Monetary Contribution: If you are paying maintenance for a child of an amount equal to or greater than the current increase for a qualified child. For current rates and further information visit www.welfare.ie

Contribution in kind: If you have care of the child(ren) for some period/s during each week e.g. regular visits by them. An increase for a dependent child may be payable in such cases if the cost of expenses incurred by you equates to an amount equal to or greater than the current increase for a qualified child. For current rates and further information visit www.welfare.ie

**Social Welfare Services,
P.O. Box 1650,
Dublin 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.

Alternatively contact Illness/Injury Benefit on

Telephone: (01) 704 3300

Lo call: 1890 928 400.

If you are calling from outside the Republic of Ireland please call +353 1 7043300

Note: The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. The Department requires customers to provide certain personal data in order to determine eligibility for relevant payments and or benefits. Your personal data may be exchanged with other Government Departments and Agencies in certain circumstances where this is provided for by law. Full details of the Department's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at www.welfare.ie. Details of this policy are also available in hard copy upon request.

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