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**Pension Benefit Statement / Estimate Request**

**Application Form**

This form is to be used by employees to apply for an estimate of their pension benefits at retirement. Please forward the completed form to your local pension management unit. Please complete Form in Block Capitals/Tick appropriate boxes.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Section 1 – Grounds for Retirement / Benefit Statement Request (**Tick one**): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retiring on a particular Date or Age. (Please Specify) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , or Age: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Resigning and Preserving Benefit to age 60/65 | | | | | | | | | | | | | Retiring on Cost Neutral Early Retirement | | | | | | | | | | | | | | | | | |
| Non Pensionable Gratuity | | | | | | | | | | | | | Family Law Reasons | | | | | | | | | | | | | | | | | |
| Statement of Benefits following repayment of  Gratuity / Purchase of Temporary/Notional Service | | | | | | | | | | | | | AVC Retirement Planning purposes | | | | | | | | | | | | | | | | | |
| Other If ‘Other’, Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 2 – Personal Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: Mr. Mrs. Ms. Miss Prof. Dr. Rev. Fr. Sr. (Please tick one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | First Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Known As (if Different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| Grade: | | | | | | | | | | | Personnel No.: | | | |  | | | |  |  | |  | | | |  |  | |  |  |
| Date of Birth: |  |  |  | |  |  |  | |  |  | PPS No.: | | |  | | | |  | |  | |  | |  | | |  |  | |  |
| Maiden Name:  (if applicable) | | | | | | | | Date of marriage / Reg.  Civil Partnership | | | | | | |  | |  | | | |  | |  | |  | |  |  | |  |
| Work Location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Correspondence Address  (for receipt of written communication from HBS): | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | Post Code: | | | | | | | | | | | | | | |
| Contact Telephone No: | | | | | | | | | | | | Mobile: | | | | | | | | | | | | | | | | | | |
| E-mail address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Section 3 - Additional Personal Details: | | | | | | | | | |
| Marital Status: Single Married/Registered Civil Partnership Divorced Separated Widowed    (Please tick one)  If Widowed / Divorced please provide copy of death certificate / decree absolute | | | | | | | | | |
| Did you receive a refund of pension contributions previously? Yes No  (Tick one)  If ‘Yes’ Please provide details of sum received and date paid :  Refund paid: \_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Period of Service to which Refund relates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you interested in repayment of the Refund and having this service included Yes No  for your benefit statement? If ‘Yes’ Please note that a superannuation costing  will be prepared for you outlining the costs of ‘buying back’ this service (Tick one) | | | | | | | | | |
| Do you have any temporary public sector service for which you Yes No  have not paid superannuation contributions?  (Tick one)  If ‘Yes’ Please provide details :   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date From** | **Date To** | **Employer** | **Grade** | **Wholetime / Part Time** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   Are you interested in having this service included for your benefit statement? Yes No  If ‘Yes’ Please note that a superannuation costing will be prepared for you  outlining the costs of ‘purchasing’ this service (Tick one) | | | | | | | | | |
| Section 4 - Employee Declaration: | | | | | | | | | |
| I declare that the above information is accurate and correct on the date indicated below. I undertake to notify the relevant authority of any changes to this information by completing the appropriate form | | | | | | | | | |
| Signature: | Date: |  |  |  |  |  |  |  |  |

**Section 51 Pension Benefits Declaration**

**Declaration under Section 51 (Duty to make declarations etc.) of the Public Service Pensions (Single Scheme and other Provisions) Act 2012. To be completed by persons applying for a Public Service Pension Benefit Statement.**

**Please note that your Estimate cannot be finalised until a completed declaration form has been received.**

Please indicate if any of the following apply (Specify Yes or No)

**1) Are you in receipt of any Retirement Benefit(s) or any Preserved Pension /**

**Lump Sum from any Irish Public Service Pension Scheme?**

**2) Are you entitled to receive any Retirement Benefit(s) or any Preserved Pension /**

**Lump Sum from any Irish Public Service Pension Scheme?**

If you have answered Yes to either (1) and/or (2) above, please complete details hereunder and furnish a copy of any supporting documentation which you have received from any Irish Public Service employer(s)

|  |  |
| --- | --- |
| **Irish Public Service Pension Benefit in Payment / Preserved Irish Public Service Pension Benefit Entitlement other than the HSE benefit to which this HR1xx application relates** | |
| Description (Benefit Type) e.g. Current/Preserved Occupational Pension and/or Retirement Lump Sum |  |
| Annual Gross Pension Value: | € |
| Annual Preserved Pension Value: | € |
| Paying Authority |  |

**3) Are you in receipt of remuneration (earnings) from any other Irish Public**

**Service Body apart from the HSE?**

If you have answered Yes to (3) above, please complete details hereunder and furnish a copy of your contract of employment with the relevant Irish Public Service Body

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| **Remuneration (Earnings)** | |
| Description (Contract type) |  |
| Annual Gross Pay (Earnings): | € |
| Paying Authority |  |

I hereby declare that the information which I have provided above is complete and accurate

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Block Capitals)

**PPS No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have more than one PPS Number, please provide all of your PPS Numbers**