



Application for  
**PAYMENT OF A SUPPLEMENTARY PENSION (SUPP 3)**

Before completing this form please read the Supplementary Pension Information Note and **SUPP 1** Application form.

Please complete this form using BLOCK CAPITALS.

If you have received a letter from the Department of Social Protection regarding your entitlement to Illness Benefit or Invalidation Pension you are not required to have PART 2 completed. Please include a copy of this letter with your application.

**PART 1:** To be completed by Pensioner if member retired on Medical Grounds

**Pension Number** [ ][ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ] **PPSN** [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

**Forename:** [ ]

**Surname:** [ ]

**Personal Address & Eircode:**  
[ ]  
[ ]  
[ ]  
[ ]

**Phone Number:** [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

**Email Address:** \_\_\_\_\_

**PART 2:** To be completed by the Department of Social Protection

<p><b>A</b> I certify that the above named was awarded:</p> <p><input type="checkbox"/> Illness Benefit</p> <p><input type="checkbox"/> Invalidity Pension</p> <p>The pension is awarded from: _____</p> <p>The weekly rate awarded is: € _____</p>	<p><b>B</b> I certify that the above named was refused:</p> <p><input type="checkbox"/> Illness Benefit</p> <p><input type="checkbox"/> Invalidity Pension</p>
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<p><b>Signature of DSP Officer:</b> _____</p> <p><b>Date:</b> _____</p>	<p><b>Department of Social Protection Official Stamp</b></p>
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## Data Protection Privacy Statement

The main purpose for which the Department of Education requires the personal data provided by you is to assess the eligibility for and process the payment of a Supplementary pension, and for the accounting and auditing of public monies. It will be used to establish whether or not you have sought and/or are being awarded or refused a payment from the Department of Social Protection which will have an impact on your application to this Department for a Supplementary pension.

In order to process your benefits correctly, the personal data provided by you may be exchanged with the Department of Social Protection, the Office of the Revenue Commissioners, or by law, or where you have had previous public sector service with any Government Department/Public Service body, if necessary, with their relevant Pension Scheme Administrator.

The privacy notice outlining further information in relation to this form can be found at :  
<https://www.gov.ie/en/collection/general-data-protection-regulation-gdpr-privacy-notice/>

Full details of the Department's data protection policy setting out how we will use your personal data or that of your child's data as well as information regarding your rights as a data subject are available at:  
<https://www.gov.ie/en/organisation-information/data-protection/>

Details of this policy and privacy notice are also available in hard copy from the address below upon request.

### Completed forms should be returned to:

Pension Unit  
Department of Education  
Cornamaddy  
Athlone  
Co. Westmeath  
N37 X659

Email: [pensions@education.gov.ie](mailto:pensions@education.gov.ie)

Website: [www.gov.ie/education](http://www.gov.ie/education)

Telephone: 090 648 4189