



Application Form for Payment of Retirement Benefits for Teaching Staff on Grounds of Permanent Infirmary (RET.D1)

How to complete this application form.

- ✓ Please read the points below carefully and use this page as a guide to filling in this application form. You can also refer to the Teaching Staff Retirement Information Note via our website.
- ✓ Please answer **ALL QUESTIONS**. Incomplete forms will be returned and this may delay the processing of your application.
- ✓ Please use BLOCK LETTERS and place an **X** in the relevant boxes.
- ✓ You may find it useful to have an up-to-date payslip and bank account details with you when completing this application form.

Specific information about each section of this application form

- ✓ **Part 1:** Please complete your personal details including a personal email address and contact number.
- ✓ **Part 2:** This section must be completed by the Manager/Chairperson of your Schools Board of Management.
- ✓ **Part 3:** Please enter details of your Public Sector service history and answer the questions in relation to your employment in the Department of Education.
- ✓ **Part 4:** Please indicate if you are a member of the Spouse and Children's Pension Scheme (the deduction on your payslip includes "SP. & CH.") and answer the questions as outlined.
- ✓ **Part 4A:** Please also take note of the other **original** documentation you are required to submit. This is dependent on your personal circumstances. If you do not submit the required original documents, it may lead to a delay in the processing of your benefits.
- ✓ **Part 4B:** Your spouse/civil partner is required to sign Part 5C in relation to the potential provision of Spouse and Children's Pension Scheme benefits.
- ✓ **Part 5:** Enter details relating to any additional pension benefits you may have (excluding social welfare benefits). This is a mandatory section that is required to be completed under Revenue legislation.
- ✓ **Part 6:** This is the declaration for benefits and must be signed by all applicants.
- ✓ **Part 7:** Enter your personal bank account details. This is the account that your pension will be paid into. Remember to check the deposit limit on your account with your bank/financial institution.
- ✓ **Part 8:** This section provides you with a copy of the Data Protection Privacy Statement associated with this application form. By signing the declaration on Page 8 you are acknowledging you have read this. You can retain this page for future reference.
- ✓ **Part 9:** This section provides you with contact details for the Pension Unit, and the details to where you can send your completed application form with any supporting documentation. There is also a space in which you can note the date you posted your form.



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NB In order to apply for this type of retirement you must still be in service.

Please confirm you are currently in service.

You must not complete this form if your answer is no.

☐

Yes

☐

No

Please refer to info IHR procedures document. Form TMED1 must be given to your current treating physician in advance of sending this form to the Department. The completed form TMED1 "Doctor to Doctor" report and associated medical reports must be sent to Medmark at the address on that form in order to progress the application.

Part 1 Your Personal Details

1. Surname:

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2. First name(s):

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3. Title:

Mr.

☐

Mrs.

☐

Ms.

☐

Other:

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4. Your PPS Number:

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5. Your Payroll Number:

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6. Your Date of Birth:

D	D
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M	M
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Y	Y	Y	Y
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7. Your home address
and Eircode:

8. Your telephone number:

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9. Your personal email
address:

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Part 2 For Completion by Chairperson/Manager

This section must be completed by the Chairperson/ Manager of the Board of Management of the school.

10. I have noted the retirement ill health application of _____, who is employed as a Teacher in this school. 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 Medmark and I will be informed by the Department in due course of the outcome and the date of retirement if the application is approved

11. School Name and
Address:

12. School Roll Number:

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13. School Phone Number:

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Date:

D	D
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M	M
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2	0	Y	Y
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Signature of Manager/Chairperson (Not block letters)

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Name of Manager/Chairperson (BLOCK LETTERS)

OFFICIAL SCHOOL STAMP



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Part 3

Your Service and Service History

14. To the best of your recollection, the following is a list of all details of all your Public Service given in this country. Use additional pages if required.

Please include a separate line for each school or change of status within a school.

Dates of Service		Employment Status (Permanent, CID, RPT, Substitute)	School Roll Number	Name of School
From	To			

Please answer the questions below in relation to your education and absence status.

15. Please complete the following in relation to your teaching qualification.

- (a) Duration of study period to attain teaching qualification? Years
- (b) Did you complete a Higher Diploma (Post Primary), if so what year? Yes

Y	Y	Y	Y
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 No

Please answer the questions below by placing an X in the box beside Yes or No.

16. During your teaching career did you give service:

- (a) As a member of a Religious Order or on the approved staff of a Capitation Primary School? Yes No
- (b) As a supernumerary teacher in a Primary School? Yes No
- (c) With the Agency for Personal Service Overseas (APSO/Comhlámh)? Yes No

17. Have you served as a Teachta Dála (TD), Senator or in a Ministerial capacity? Yes No

18. Have you received a marriage gratuity or a refund of contributions for service in a Public Sector Scheme? Yes Complete Question 20
 No Go to Question 21

19. If you answered Yes to Q. 18, what was the date of payment and the amount of such award or refund?

D	D	M	M	Y	Y	Y	Y



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Part 3 (continued) Your Service and Service History

Please answer the questions below by placing an X in the box beside Yes or No.

20. Have you applied to purchase a period of actual service (buyback) given in a Primary, Secondary, Community or Comprehensive School? ☐ Yes ☐ No

21. Are you purchasing Notional Service under the Notional Service Purchase Scheme (deduction seen as CPS(N) on your payslip)? ☐ Yes ☐ No

22. Is there a court approved pension adjustment order (PAO) in place in relation to your retirement benefits? ☐ Yes ☐ No

23. Are you in receipt of, or eligible for, benefit from any other Public Service Pension Scheme? ☐ Yes ☐ No

24. Have you given pensionable service in any other State or Semi-State Organisation, e.g. Health Board or Local Authority? ☐ Yes ☐ No

Please complete the questions below in relation to Additional Voluntary Contributions:

25. Are you contributing to Additional Voluntary Contributions? ☐ Yes **Go to Question 26**
(If YES, **you must complete PART 5** of the application form fully). ☐ No **Go to Part 4**

26. Do you intend to use the AVC fund to cover any shortfall in pension contributions or deductions from your lump sum gratuity? ☐ Yes **Letter indicating this must be attached to application**
If so, a letter indicating use of AVC **must** be attached to your application. ☐ No **Go to Part 4**



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Part 4

Spouse and Children's Pension Scheme

27. Please confirm the correct description of your current Spouses' and Children's Pension Scheme status. This is seen on your payslip under deductions as "SP. & CH."

I am **not** a member of the Spouse and Children's Pension Scheme. I understand as a result of my **non-membership** of the Spouses' 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.

☐ Go to Part 5

I am a member of the Spouse and Children's Pension Scheme.

☐ Go to Part 4A

Part 4A

Spouse and Children's Pension Scheme

28. If you are a member of the scheme what is your current legal civil status (place an X in one box only):

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Civil Partnership | <input type="checkbox"/> Co-Habiting |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed | <input type="checkbox"/> Surviving Civil Partner |
| <input type="checkbox"/> A Former Civil Partner* | | | |

**Formerly in a Civil Partnership that has been legally dissolved*

If you have been single for the entire period of your membership of this Scheme, please proceed to Part 6 of this form.

If you are married, in a civil partnership, widowed, separated, or divorced, please complete the following questions:

29. What is the date of your Marriage/
Civil Partnership.

DATE (DD/MM/YYYY)

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Required enclosure

Enclose Original State
Marriage Certificate/ Original
Civil Partnership Certificate

30. If your Spouse/Civil Partner has
predeceased you, please include their
date of death.

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Enclose Original State
Death Certificate

31. If you are divorced, please include
date of divorce.

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Enclose Original
Decree Absolute

32. Is there a pension adjustment order
(PAO) in place?

☐

Yes

☐

No

Enclose Final pension
adjustment order (PAO)



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Part 4B

Spouse/Civil Partner Details

33. Name of Spouse/Civil Partner:

34. PPS Number of Spouse/Civil Partner:

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35. I declare that I am the Legal Spouse/Civil Partner of the Applicant named at Part 1 of this application form.

Legal Spouse/Civil Partner Name (BLOCK LETTERS):

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Signature of Spouse/Civil Partner (not block letters)

Part 5

Revenue Pensions Declaration

If you are unsure of any of the answers to this question you should contact your private pension provider.

36. Have you on or after 07 December 2005:

- (a) Become entitled to any pension¹, lump sum or any other pension related benefit (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.) other than your pension entitlements from the Pension Scheme currently being claimed?

☐ Yes

**You MUST
complete Part 5A
and 5B**

☐ No

Go to Q 36 (b)

- (b) Did you direct on or after that date (7 December 2005) that a payment or transfer be made to an overseas pension arrangement?

☐ Yes

**You MUST
complete Part
5A and 5B**

☐ No

**If you also
answered no to
Q36(a) Go to
Part 5A**

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 5A

Revenue Pensions Declaration—Personal Funds Threshold (PFT)

If you are unsure of any of the answers to this question you should contact your private pension provider.

37. Do you have a certificate from the Revenue Commissioners stating the amount of the Personal Funds Threshold (PFT) in accordance with Section 787P of the Taxes Consolidation Act 1997?

☐ Yes

Letter indicating this must be attached to your application, Go to Part 5C

(If the answer is YES, please enclose a copy)

☐ No

Go to Part 5b

Please be aware that there is provision in the legislation that, where the capital value of one's pension



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benefits exceeds the standard fund threshold (SFT)/personal funds threshold (PFT), tax due on any chargeable excess may be deducted from the pensioner's lump sum or ongoing pension.

Revenue Pensions Declaration—Benefit Details

If you are unsure of any of the answers to this question you should contact your private pension provider.

If you have an entitlement to any relevant pension benefit, **other than the current pension entitlement now being claimed**, please provide details relating to this entitlement in the space below and on Page 7. You may wish to enclose further information on an additional page.

38. Type of Pension Arrangement (Place an X in the box with the most appropriate description):

<input type="checkbox"/>	Defined Benefit Occupational Pension Scheme	<input type="checkbox"/>	Retirement Annuity Contract
<input type="checkbox"/>	Defined Contribution Occupational Pension Scheme	<input type="checkbox"/>	Personal Retirement Savings Account
<input type="checkbox"/>	AVC Pension Scheme	<input type="checkbox"/>	Other: Please specify <input type="text"/>

AVC

If you answered yes to any question in Part 5A or 5B you must complete the questions below.

If you are unsure of any of the answers to this question you should contact your private pension provider.

[illegible][illegible]

41. Date on which you will become entitled to benefits under this policy:

D D M M Y Y Y Y

[illegible][illegible]



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If the fund is a Defined Contribution Occupational Pension Scheme, an AVC Pension Scheme or PRSA

44.

- (a) What is the current value of the fund?
- (b) What is/was the expected value of the fund on benefit entitlement date?
- (c) Please provide date of receipt and lump sum figure?

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D	D	M	M	Y	Y	Y	Y
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45. If the fund is a Defined Benefit Occupational Pension Scheme:

- (a) What is the amount or expected amount of annual pension? €

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 per year
- (b) What is/was the amount of any lump sum expected/received? €

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- (c) 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: €

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Part 6

Declaration for Ill Health Pension Benefits

46. To formally apply for your pension benefits and retirement lump sum gratuity from the Department of Education please read the declaration outlined below, place an X in each box to indicate you have read the declaration and sign the space below.

I declare that:

- 1) I wish to make an application for payment of annual pension benefit and lump sum gratuity.
Having developed a medical condition and formed the view that I am permanently incapacitated. ☐
- 2) I understand and accept that if I am awarded ill-health retirement pension, I will be deemed to have resigned from my duties. ☐
- 3) I accept that thereafter I will be prohibited from duties in any capacity in a school or college funded directly or indirectly by the state. ☐
- 4) 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. ☐
- 5) I have given Form TMED1 to my current treating physician for completion and I have been assured by him/her that the form and all medical reports have been forwarded to Medmark at the address on form TMED1. ☐
- 6) I certify that to the best of my knowledge the information I have provided on this form is true and correct. ☐
- 7) I have completed the bank account details requester in Part 7A to 7D of this application form. ☐
- 8) I declare that the information provided by me in this form is complete and correct and hereby personally accept any tax liability that may arise due to my non-declaration/incorrect declaration of any pension benefit on this form ☐

Name of Applicant:

Signature of Applicant (not block letters)

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Date:

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D	D	M	M	Y	Y	Y	Y



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Bank Account and Bank Authorisation Details

Please read the Important Note below carefully and complete this form using BLOCK LETTERS.

IMPORTANT! Some financial institutions place a limit on the amount of money that can be deposited into certain accounts. The **responsibility is on you, the retiree** to check this with your nominated financial institution **before** completing your bank details. Please note, if there is a limit on your nominated account the transfer of your fortnightly pension and lump sum gratuity payment may not be accepted by the account, resulting in a delay of payment.

[illegible][illegible]

Mr. Mrs. Ms. Other:

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[illegible][illegible][illegible]

Your Personal Bank Account details

	-		-	
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[illegible][illegible][illegible][illegible]



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Part 7B

Data Protection Privacy Statement (Bank Form)

59. The main purpose for which this Department requires the personal data provided by you is to ensure that your pension payment is paid to your nominated bank account by means of Electronic Fund Transfer (EFT). The personal data provided will be exchanged with the Payroll Division of this Department to ensure payment is issued and with the Revenue Commissioners, the Department of Employment Affairs and Social Protection as required by law; and any other bodies to which you have instructed the Department to forward voluntary deductions made from your pension payments.

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-notices/>

Full details of this 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:

<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 on Page 11 upon request.

Part 7C

Bank Account Authorisation Declaration

60. Please read and sign the declaration below:

- ✓ I understand that my pension benefit and lump sum gratuity 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 pension benefit and lump sum gratuity will be made in € (euro) only;
- ✓ I have read and understand the Data Protection Privacy Statement above.

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Signature of Applicant (not block letters)

Date:

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D D M M Y Y Y Y

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Signature of 2nd Account holder (not block letters)
(Applies to Joint Accounts only)

Date:

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2	0		
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D D M M Y Y Y Y

OFFICIAL USE ONLY

Input for Pay Issue:

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2	0		
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Checked by:

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Signature of officer (not block letters)

Date:

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2	0		
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D D M M Y Y Y Y

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Signature of checking officer (not block letters)

Date:

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D D M M Y Y Y Y



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You may wish to retain this page for future reference.

Part 8

Data Protection Privacy Statement

Data Protection Privacy Statement for your Records

The **main purpose** for which the Department requires the personal data provided by you is to assess, consider, process and where possible, award the person named on this application form, a lump sum gratuity payment and an annual pension payment payable via the Payroll Division of this Department, subject to the current legislation at the time of award.

The personal data provided may be exchanged with other public sector pension administrators/ other pension regulatory bodies, where necessary, the Revenue Commissioners, the Department of Employment Affairs and Social Protection as required by law; and any other Government Department including the Department of Public Expenditure & Reform.

The privacy notice outlining further information in relation to this application form (ATH 4.13) can be found at:

<https://www.gov.ie/en/collection/general-data-protection-regulation-gdpr-privacy-notices/>

Full details of this 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:

<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.

Part 9

Where to send my application form

Send this application form together with any additional required documentation to:

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

Email: pensions@education.gov.ie

Telephone: 090 648 4189

If you are phoning from outside
the Republic of Ireland please call + 353 90 648 4189

You may wish to enter the date you have submitted your application for reference.

Date Application Sent:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y