Application form for
Paternity Benefit

How to complete this application form.

- Please use this page as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions** that apply to you.
- You need a Personal Public Service Number (PPS No.) before you apply.
- You need the Personal Public Service Number (PPS No.) of the mother of your baby. You should have her consent to provide this information.
- If you wish to send in your application for paternity leave before your child is born, you should provide the expected due date of your baby. Otherwise, you should provide the date of birth of your baby.

Employee (not Self-Employed):

If you are an employee, please fill in **Parts 1 to 7** of this form as they apply to you. Once the form is completed, read **Part 8** and sign the declaration in **Part 1**.

You will also need to ask your employer to complete the **Employer Certificate** (**PB 2**) which is attached to this form.

Self-Employed:

If you are self-employed, please fill in **Parts 1 to 7** of this form as they apply to you. Once the form is completed, read **Part 8** and sign the declaration in **Part 1**.

You will need to have the **Medical Certificate** (**PB 3**) which is also attached to this form completed by a medical practitioner.

Important:

Paternity leave must start within 26 weeks of the birth of a child. Note that paternity leave can only be taken as a maximum period of two weeks, which must be taken at the same time.

Submit this form at least 3 weeks before you intend to take paternity leave.

If you need any help to complete this form, please contact Paternity Benefit Section, your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

For more information, log on to **www.welfare.ie.**

How to fill in first page of this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.: 1 2 3 4 5 6 7 T

2. Title: (insert an 'X' or specify) Mr. [X] Mrs. [ ] Ms. [ ] Other [ ]

3. Surname: MURPHY

4. First name(s): MARTY

5. Your first name as it appears on your birth certificate: MARTIN

6. Birth surname: MCDERMOTT

7. Your date of birth: 28 02 1970
D D M M Y Y Y Y

8. Your mother's birth surname: KELLY

Contact Details

9. Your address: 1 NEW STREET
OLD TOWN
DONEGAL TOWN
County DONEGAL Postcode

10. Your telephone number: ONE NUMBER PER BOX
MOBILE
ONE NUMBER PER BOX
LANDLINE

11. Your email address: ONE CHARACTER PER BOX

SAMPLE

Application form for
Paternity Benefit

284A1BAA

Social Welfare Services
PB 1

Data Classification R

Part 1 — Your own details

1. **Your PPS No.:**
2. **Title:** (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other
3. **Surname:**
4. **First name(s):**
5. **Your first name as it appears on your birth certificate:**
6. **Birth surname:**
7. **Your date of birth:** D D M M Y Y Y Y
8. **Your mother's birth surname:**

Contact Details

9. **Your address:**

County Postcode

10. **Your telephone number:** MOBILE

LANDLINE

11. **Your email address:**

Declaration

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 authorise the Department to disclose details of my Paternity Benefit claim to my employer.

Date: D D M M 2 0 Y Y Y Y

Original signature only (**not** block letters and **no** photocopies)

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.

82E61F95

Part 1 continued — Your own details

12. Are you?

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Cohabiting
- ☐ In a Civil Partnership
- ☐ A surviving Civil Partner
- ☐ A former Civil Partner (you were in a Civil Partnership that has since been dissolved)

13. From what date are you married, in a civil partnership or cohabiting?

☐☐ ☐☐ ☐☐☐☐
D D M M Y Y Y Y

14. Were you married in the Republic of Ireland?

☐ Yes ☐ No

If 'No', please submit a verified copy of your marriage certificate (See Part 8 Checklist for details).

Part 2 — Details of your paternity leave

15. Child's mother's PPS No.: ☐☐☐☐☐☐☐☐☐

If you are applying before your child is born, you should answer Q.16. Otherwise, you should answer Q.17.

16. Expected due date: ☐☐ ☐☐ ☐☐☐☐
D D M M Y Y Y Y

17. Child's date of birth: ☐☐ ☐☐ ☐☐☐☐
D D M M Y Y Y Y

If you are **employed**, your employer should state the dates of your paternity leave on the attached Employer Certificate (**PB 2**). If you are **self-employed**, please complete details of your leave below.

18. When do you intend to start paternity leave?

☐☐ ☐☐ ☐☐☐☐
D D M M Y Y Y Y

19. Date you intend to return to self-employment after your paternity leave?

☐☐ ☐☐ ☐☐☐☐
D D M M Y Y Y Y

Part 3 Your work and claim details

20. Have you lived, been employed, or received a social welfare payment in another EU country in the last 4 years?

☐ Yes ☐ No

If 'Yes', please state:

Country:

Employer's name:

Employer's address:

County Postcode

Your social insurance number while there:

Dates you worked there: From:

To:

D D M M Y Y Y Y

Type of work:

Note: A separate sheet of paper can be used for more details if needed.

21. Are you?

☐ Employed ☐ Both Employed and Self-Employed

☐ Self-Employed ☐ Not currently in Employment

You are '**employed**' when you work for another person or company and you get paid for this work.

22. If you are currently employed, please state:

Employer's name:

Employer's address:

County Postcode

Employer's telephone number: MOBILE

LANDLINE

Gross weekly earnings: € , . a week (approximately)

'Gross pay' is your pay before tax, PRSI, union dues or other deductions.

Part 3 continued — Your work and claim details

23. Do you currently have more than one employment?

☐ Yes ☐ No

Please note that if you have more than one employer, each employer must complete an Employer Certificate (**PB 2**) (a photocopy of **PB 2** or a letter signed by your employer containing the same information will do).

24. If you started work for the first time within the last 3 years, when did you start?

D D M M Y Y Y Y

25. Are you related to your employer? ☐ Yes ☐ No

If 'Yes', please state:

How are you related to them?

26. If you are no longer in employment, please state the date you last worked:

D D M M Y Y Y Y

Please enclose a copy of your P45 showing the date you last worked.

Your last employer's name:

Their address:

County Postcode

Your last employer's telephone number:

Were you related to this employer? ☐ Yes ☐ No

If 'Yes', how were you related to them?

27. Are you or have you been self-employed in the last 5 years?

☐ Yes ☐ No

If 'No', please go to Part 4.

If 'Yes', please complete fully the remainder of this section.

Your occupation:

Date you started self-employment:

D D M M Y Y Y Y

If you are no longer self-employed, when were you last self-employed?

D D M M Y Y Y Y

Part 3 continued — Your work and claim details

28. Please state your:

Business name:

Business address:

County

Postcode

Your business telephone number:

MOBILE

LANDLINE

Your business registration number:

If you are a sole trader, we accept your PPS number as your business registration number.

29. Is your company a limited company? ☐ Yes ☐ No

If 'Yes', please attach a copy of your P35 for the relevant tax year (this is two years' prior to the year in which your paternity leave starts).

30. Are you a sole trader? ☐ Yes ☐ No

If 'Yes', please attach your self-assessment acknowledgement form you will have received from the Revenue Commissioners and accompanying Form 11 for the relevant tax year (this is two years' prior to the year in which your paternity leave starts).

Remember to send in the relevant certificates and documents with this application.

Part 4 Your payment details

Please state clearly who you wish your payment to issue to.

This payment should issue to: You ☐ OR Your employer ☐

Payment direct to your employer

If you want us to make your payment to your employer, your employer should complete account details on the Employer Certificate (PB 2). I authorise the Department of Social Protection to pay my Paternity Benefit to my employer's account in a financial institution.

Signature (**not** block letters)

If payment is to be made to your employer, do not complete the section below.

Your payment details - Financial Institution

If you want to get your payment direct to your current, deposit or savings account in a financial institution, please fill in your account details below.

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Account name(s):

Part 5 Your spouse's, civil partner's or cohabitant's details

31. Their PPS No.:

32. Title: (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other

33. Their surname:

34. Their first name(s):

35. Their birth surname:

36. Their date of birth:

D D M M Y Y Y Y

37. Their mother's birth surname:

38. Do they currently live with you?

☐ Yes ☐ No

If 'No', please state:

Their address:

County Postcode

Part 6 Your spouse's, civil partner's or cohabitant's work and claim details

You may be entitled to an increase for your spouse, civil partner or cohabitant if they have no income or their gross weekly pay is €310 or less a week and they are not getting a payment from this Department in their own right. You must complete this section **in full** in order to determine any increase due. You should have their consent to provide this information.

39. Do you wish to claim an increase for them?

☐ Yes ☐ No

If 'No', please go straight to Part 7, as there is no need to complete the remainder of this section.

If 'Yes', please fully complete the remainder of this section and submit a recent household bill or bank statement showing proof of their address.

40. Are they currently?

- ☐ Employed only
- ☐ Self-Employed only
- ☐ Employed **and** Self-Employed
- ☐ Not currently in employment
- ☐ On a C.E., Tús, or any other scheme
- ☐ Receiving benefit/assistance
- ☐ Attending college
- ☐ Attending a training course

Part 6 continued

Your spouse's, civil partner's or cohabitant's work and claim details

41. What are their Gross Weekly Earnings? Gross Weekly Earnings are earnings before tax and PRSI deductions (if employed) or earnings before tax and after deductions (if self-employed).

Gross income: € , . a week

If they are employed, on a CE, Tús, Rural Social Scheme or any other scheme, please include their 6 most recent payslips or an employer's statement for the last six weeks.

If they are self-employed, please attach their most recent self-assessment acknowledgement form received from the Revenue Commissioners and the accompanying Form 11 and/or P35.

42. Do they hold any (including joint) bank accounts, investments, property or capital?

☐ Yes ☐ No

If 'Yes', please state:

Current value: € , .

43. If they are working or getting a pension or allowance from another country, please state:

Name of country:

Nature of payment:

Amount (in euros): € , . a week

44. Were they born outside the EU?

☐ Yes ☐ No

If 'Yes', please submit a verified copy* of their current GNIB card or work permit and passport, inclusive of all stamps.

45. Are they attending school or college?

☐ Yes ☐ No

If 'Yes', you must supply a letter from the school or college stating the date they started and details of any college allowances/grants (type and amount) that they are in receipt of while attending the course. If they are receiving any allowances/grants from a local authority, you must also supply a letter from the local authority stating the details of these allowances/grants (type and amount).

46. Do they have any sources of income other than the ones stated above?

☐ Yes ☐ No

If 'Yes', please state:

Nature of payment:

Gross income: € , . a week

Part 7 Details of your child(ren)

47. Do you wish to claim for children who normally live with you and who are being supported by you (this does not include any unborn child(ren)**)?**

☐ Yes ☐ No

☐☐ under age 18

☐☐ age 18 - 22 in full-time education*

*** You must attach written confirmation from the school or college for the children aged 18 - 22**

Please state child's:

Child 1

Surname:

First name(s):

PPS No.:

Date of birth: D D M M Y Y Y Y

Child 2

Surname:

First name(s):

PPS No.:

Date of birth: D D M M Y Y Y Y

Child 3

Surname:

First name(s):

PPS No.:

Date of birth: D D M M Y Y Y Y

Child 4

Surname:

First name(s):

PPS No.:

Date of birth: D D M M Y Y Y Y

Note: A separate sheet of paper can be used for more details if needed.

Part 8 Checklist

Important:

If you do not claim within 6 months of the birth of your baby you may lose benefit.

If you are employed:

Has your employer completed an Employer Certificate (**PB 2**)?

If you are self-employed:

Has a Medical Certificate (**PB 3**) been completed?

Have you enclosed the following?

— Your P45 (if applicable) - see question 26

— Letter from school or college
if you have child(ren) aged between 18 and 22 who are in full-time education and you are claiming an increase for them

— A copy of your **current GNIB Card** and **Passport**, including all entry and exit stamps, if applicable (Non-EEA citizens only)

— A copy of all your Work Permits held within the last 3 years, if applicable (Non-EEA citizens only)

— A copy of your marriage certificate or civil partnership or civil union registration certificate (only if you were married or entered into a civil partnership or civil union **outside the Republic of Ireland** since you last updated your details with this Department)

If you are self-employed (if applicable):

— Your P35 for the relevant tax year (in the case of a company director)

— Your self-assessment acknowledgement form received from the Revenue Commissioners and the accompanying Form 11 for the relevant tax year (in the case of a sole trader or partnership)

In respect of your spouse, civil partner or cohabitant (if applicable). Please note that the following documents are only required if you are claiming for your spouse, civil partner or cohabitant:

— If employed - their 6 most recent payslips (**Only** if gross weekly earnings are €310 or less)

— If self-employed - their most recent self-assessment acknowledgement form received from the Revenue Commissioners and the accompanying Form 11 and/or P35

— A copy of their current GNIB Card/Work Permit and Passport, inclusive of all stamps (Non-EEA citizens only)

— A recent household bill or bank statement (no older than 3 months) - see question 39

— If they are on a scheme (including C.E., Tús or other scheme), their 6 most recent payslips or an employer's statement for the last 6 weeks - see question 41

— A letter from the school or college/Local Authority - see question 45

You should note that your claim for Paternity Benefit cannot be fully processed until all relevant documentation is received.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact Paternity Benefit Section, your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

Send this completed application form to:

Paternity Benefit Section
FREEPOST
Department of Social Protection
McCarter's Road
Buncrana
Co. Donegal

Telephone: (01) 471 5898
LoCall: 1890 690 690

If you are calling from outside the Republic of Ireland please call +353 1 471 5898

Note

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

Note

You will not be paid Paternity Benefit for any period you spend outside the EU. If you are an EU citizen, you can get Paternity Benefit for any period of your paternity leave spent in an EU country. If you are not an EU citizen, you will only get Paternity Benefit for any period you spend in the Republic of Ireland.

Employer Certificate for Paternity Benefit

8A6377A0

Social Welfare Services
PB 2
Data Classification R

If you are **employed**, your employer must complete this form to certify you are entitled to paternity leave for the dates provided.

Note: If an employee is applying for paternity leave before their baby is born, they should supply the expected due date of their baby. Otherwise, the baby's date of birth can be provided.

PPSN of employee:

Name of employee:

Expected due date of baby:
D D M M Y Y Y Y

or

Child's date of birth:
D D M M Y Y Y Y

Paternity Leave Start Date: From:
D D M M Y Y Y Y

Paternity Leave End Date: To:
D D M M Y Y Y Y

Employer's Payment Method Details

This section should only be completed if your employee has authorised that Paternity Benefit payments will be made directly to you.

Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Account Name(s):

Employer's Contact Details

Employer's Registered number:

Name:

Address:

County

Postcode

Employer's telephone number:

MOBILE

LANDLINE

Employer's email address:

Employer Declaration

I/We certify that the employee is entitled to the period of paternity leave stated above.

Signature (**not** block letters)

Your name (**IN** BLOCK LETTERS)

Position in company or organisation

Employer's official stamp

Date of Certification: D D M M 2 0 Y Y Y Y

If you make any alterations after you complete the form, you must initial and date them otherwise the information supplied cannot be accepted.

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Medical Certificate for Paternity Benefit

49EDF88C

Social Welfare Services
PB 3
Data Classification R

If you are **self-employed**, a doctor must complete this form to certify the expected due date of your baby (or the baby's date of birth). This is required to confirm that you are entitled to paternity leave.

Your details

Your PPS No:

Your name:

Details of birth (to be completed by doctor)

I certify that:

Mother's PPS No:

Mother's name:

is expected to give birth on:
D D M M Y Y Y Y

or

gave birth on:
D D M M Y Y Y Y

Doctor's name:

DSP panel number:

IMC number:

Doctor's Signature (**not** block letters)

Doctor's official stamp

Date of Certification:
D D M M Y Y Y Y

Details of birth (to be completed by doctor) continued

Doctor's Address:

County

Postcode

Doctor's telephone number:

MOBILE

LANDLINE

Doctor's email address:

If you make any alterations after you complete the form, you must initial and date them otherwise the information supplied cannot be accepted.

Data Protection Statement

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

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