



Please answer the following questions.

1.	During your teaching career did you give teaching service:	<i>Please answer YES or NO</i>
	a) As a member of a Religious Order on the approved staff of a Capitation Primary School?	
	b) As a supernumerary teacher in a Primary School?	
	c) With the Agency for Personal Services Overseas (APSO/Comhlamh)?	
2.	Have you served as a Teachta Dála, Senator or in a Ministerial capacity?	
3.	Have you received a marriage gratuity or a refund of contributions for teaching service?	
4.	Have you applied to purchase a period of actual service given in a Primary, Secondary, Community or Comprehensive School?	
5.	Are you purchasing service under the Notional Service Purchase Scheme?	
6.	Are you contributing to Additional Voluntary Contributions? (If YES, you <u>must</u> complete parts 8A, 8B & 8C fully).	
	<i>Do you intend to use the AVC fund to cover any shortfall in pension contributions or deductions from your gratuity? If so, you must attach a letter outlining your wish to do so.</i>	
7.	Have you given service in Great Britain or Northern Ireland?	
8.	Are you in receipt of, or eligible for, benefit from any other Public Service Pension Scheme?	
9.	Have you given pensionable service in any other State or Semi-State organisation, eg Health Board or Local Authority?	
10.	Is there a court approved Pension Adjustment Order in place in relation to your retirement benefits?	

NOTE: If answer is "yes" please attach a separate sheet giving details.

PART 5 – YOUR QUALIFICATIONS

Primary qualification details (degree/diploma/certificate etc)					
Duration of study period to attain this primary qualification	From		To		years
Do you hold a Higher Diploma in Education (H.Dip)	<i>Please tick as appropriate</i>		<i>If yes please state year H.Dip was conferred</i>		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

PART 6 – DECLARATION FOR APPLICATION FOR BENEFITS

I wish to apply for Retirement Pension and Lump Sum, in accordance with the terms of the Teachers Pension Scheme, having developed a medical condition and formed the view that I am permanently incapacitated. I certify that, to the best of my knowledge, the details given in this application are true and correct. I have completed the Checklist attached and read the retirement procedures document. I understand and accept that if I am awarded ill-health retirement pension I will be deemed to have resigned from my teaching position. I accept that thereafter I will be prohibited from teaching in any capacity in a school or college funded directly or indirectly by the State. 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. I have given Form TMED 1 to my current treating physician for completion and I have been assured by him/her that the completed form and all medical reports have been forwarded to the Occupational Health Service at the address on Form TMED 1.

Teacher's signature

Date

Completed form and relevant documents to be forwarded to:

Ancillary Pensions Section, Department of Education and Skills, Cornamaddy, Athlone, County Westmeath
Email: pensions@education.gov.ie Web: www.education.ie



PART 8A – REVENUE PENSIONS DECLARATION - MANDATORY	
	<i>Please answer YES/NO</i>
<p>1. Did you, on or after 7 December 2005:</p> <p>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, or</p> <p>Direct that a payment or transfer be made to an overseas pension arrangement?</p>	
<p>2. Prior to the date of your retirement, or the date of commencement of pension payment, do you:</p> <p>a. Expect to become entitled to any pension, 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 the benefits arising from the current Pension being claimed), or</p> <p>b. Intend to direct that a payment or transfer be made to an overseas pension arrangement?</p>	
<p>If you have answered YES to questions 1 or 2, you are required to complete Part 8B & 8C of this Declaration Form</p>	
<p>If you have answered NO to the questions 1 or 2, you are required to complete Part 8C below.</p>	

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 8B– REVENUE PENSIONS DECLARATION

<p>3. If you have an entitlement to any relevant pension benefit, <u>other than the current pension entitlement now being claimed</u>, please provide the following details in a separate document.</p>	
a) the type of pension arrangement (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.);	
b) the date you became (or expect to become) entitled to the benefit(s) under the arrangement;	
c) the nature of the benefit(s) (e.g. pension, annuity, tax-free lump sum, taxable lump-sum, transfer to an Approved Retirement Fund etc);	
d) the name of the scheme/arrangement;	
e) the contact details for the scheme administrator;	
f) your reference number under the scheme/arrangement;	
g) in the case of a transfer made (or to be made) to an overseas pension arrangement, the amount or value (or expected amount or value) of the payment or transfer and the name of the scheme to which the transfer was (or is to be) made;	
h) in the case of each <u>defined contribution</u> arrangement, the value of the fund (or the expected value of the fund) on the date you became (or expect to become) entitled to the benefit(s) under the arrangement;	

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PART 9 - AGGREGATION OF PUBLIC SERVICE PENSIONS FOR PSPR PURPOSES

Name	PPSN
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Are you in receipt of a benefit from any other Public Service Pension Scheme?	YES	NO
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(Please note that pensions payable from the Department of Social Protection under the social welfare code are not regarded as public service pensions for the purposes of PSPR.)

IF NO, PROCEED TO DECLARATION. IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Other Paying Authority information required	
Name:	
Address:	
Type of Pension: Member, Spouse/Civil Partner.	
If you are in receipt of a Spouse's pension, please confirm:-	
Spouse's/Civil Partner's date of retirement	
Spouse's/Civil Partner's date of death	
<i>Additional information regarding Paying Authority if known to you</i>	
Email Address	
Contact Name	
Phone Number	
Employer Registration Number	
Pension commencement date	
Gross Annual Pension (amount before deduction of PSPR)	

Declaration

I declare that all the information I have given on this form is correct.

I understand that I am legally obliged to inform the Department if I become entitled to another public service pension which is subject to PSPR.

I authorise the Department of Education and Skills to contact the Paying Authority stated above to verify the information I have provided.

Signature:
Date:

Completed form and relevant documents to be forwarded to:

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Data Protection Privacy Statement

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 a lump sum payment and an annual pension payment payable via the payroll of this Department subject to the current legislation at the time of award.

In order to process your benefits correctly, the personal data provided may be exchanged with any Government Department, or where you have previous public sector service, if necessary with the relevant Pension Scheme Administrator.

The privacy notice outlining further information in relation to this form can be found at :

<https://www.education.ie/en/Education-Staff/Services/Retirement-Pensions/Teaching-Staff/data-protection/data-protection-and-your-pension.html>

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.education.ie/en/The-Department/Data-Protection/>

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

CHECKLIST FOR COMPLETION OF FORM Ret D1 (APPLICATION FOR RETIREMENT BENEFITS FORM)

Incomplete information or missing documentation is likely to result in delayed payment when pension entitlements are being processed.

Please answer YES *or* NO below to confirm that you have completed, signed and included all necessary documentation in an envelope with your application:-

Fully completed and signed Application (Form Ret D1)	Mandatory		
Declaration for application of benefits signed	Mandatory		
Signature by Non – member of Spouse and Children Scheme	If applicable		
Signature by Member of Spouse and Children Scheme	If applicable		
Signature of Spouse/Civil Partner of member of Spouse and Children Scheme	If applicable		
Pension Adjustment Order	If applicable		
Civil Marriage Certificate/Civil Partnership Certificate	If applicable		
Revenue Pensions Declaration (Form Ret D1 Part 8A & Part 8C and 8B if applicable)	Mandatory		
Aggregation of Public Service Pension for PSPR purposes (Part 9)	Mandatory		
I have read and understand the Data Protection Privacy Statement	Mandatory		

I have completed Form RET D1 fully, obtained the relevant documents, checked all against this completed check list and enclose all the documentation required.

Signature of Teacher

Date

Completed form and relevant documents to be forwarded to:

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