

APPLICATION BY TEACHER FOR RETIREMENT PENSION AND LUMP SUM ON GROUNDS OF PERMANENT INFIRMITY

Please tick ($$) box to	indicate scho	ool type	in which	you te	ach P	rim	ary		Sec	ond	ary		Com	ımu	nity	/Coı	mpr	ehe	nsiv	e
N.B. Please refer in advance of ser associated medica progress the appli	nding this al reports i	form t	to the	Depai	rtmei	nt.	The	com	plete	ed fo	rm '	TMEI	D1,	"Do	ctor	to L	octo	or" i	epor	t and
PART 1 ~ YOU	R DETAII	LS	Pleas	e use	В	LO	CK (CAP	ITA	LS										
1. Your PPS No	0.:																			
2. Title:		Mr.	M	rs.	M	[s		O	ther	•										
3. Surname:																				
4. First name(s):																			
5. Date of Birth	ı:																			
6. Address & E	Circode																			
7. Your Telepho	ne No.:	Mob	ile:																	
		Land	lline:																	
8. Email Addre	ss:																			-
PART 2 ~ DET	AILS OF	YOUE	R ABS	ENCI	E/EN	1PL	OY]	MEN	NT S'	TAT	CUS	Pleas	se u	se	BL	OCK	C CA	PIT	ALS	
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If yes, please Career break, o	_			e of	abse	nce,	(Sic	ck le	ave,											
Date absence c	ommenced	i								Do	ay		Λ	Mon	th		Y	ear		
Have you resig	ned from	your e	mplovi	nent						Ple	ase ci	ircle as	. 3	YES			λ	'O		
If yes, date of r			1 - 3 -							app Do	oropri ay	ate		Mon	th_			ear		

DPU Office Ref. Number AF-PEN03



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PART 3 ~ FOR COMPLETION BY CHAIRPERSON/MANAGER Please use BLOCK CAPITALS where applicable

I have noted the application	on for t	he aw	ard of	f III H	Iealt	h Ret	irem	ent l	Pensi	ion o	f								,	
who is employed as a tead investigation for serious r and I will be informed by approved.	niscono	duct.	I am a	ware	that	this	appli	cati	on is	dep	endar	nt on	the	appr	oval	of the	Dep	artm		
Name of Chairperson /Manager																				
SIGNATURE of Chairperso	on / Ma	nager	:																_	
DATE:																				
School Name:																				
School Address:																				
School												S	cho	ol r	oll n	umb	er:			
Stamp												Scho	ool t	telep	hon	e nui	mbei	:		

PART 4 – Your Service History

Details of Teaching Service (Please use a separate line for each change of School or change of Status within a School):-

Dates of	Service	Status	School	
From	То	Perm/Temp/Sub/ Part time /EPT/ RPT /Job-Sharing/CID	Roll number	Name and Address



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Please answer the following questions.

1.	During your teaching career did you give teaching service:	Please answer YES or NO
	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. 3.	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 must complete parts 8A, 8B & 8C fully).	
	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.	
7. 8.	Have you given service in Great Britain or Northern Ireland?	
	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.

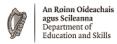
PART 5 – YOUR QUALIFICATIONS

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

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.

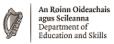
Teacher's signature	
Date	



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PART 7A – FOR COMPLETION BY <u>NON-MEMBERS</u> OF THE SPOUSES' AND CHILDREN'S PENSION SCHEME.

I und	lare that I am not a derstand as a result se/civil partner s/he	of my n	on-	memi	bersh	ip of	f the	Spor	ises' a	nd (Chil	ldren	r's S									
Nam	e of Teacher (Block	Capitals)																				
Sign	ature of Teacher	•				I	ı						II.	<u> </u>		!_	ļ		I	1		l
Date	2																					
	ou are not a memb	er of th	ne S _j	pouse	es' ar	nd C	hildr	en's	schen	ne, j	plea	ise p	roc	eed	to I	Part	t 8A	of	this	for	m h	aving
PAR	T 7B - FOR COM		ION HEN	_	ME]	MB	ERS	<u>S</u> OF	THE	SP	OU	SES	5' A]	ND (CHI	ILD	RE	N'S	PE	NSI	ON	
I dec	clare that I am a me				ıses'	and (Child	ren's	Pensi	on S	Sche	eme.										
Non	ne of Teacher																					
	k Capitals)																					
	nature of cher																					
Date																						
1	Please tick $()$ the correct description of	Single		Married In a Civil Widowed Separated Divorced									d									
	your status					<u> </u>				-			_									
If yo	ou have been single	e for the	ent	ire p	eriod	of y	our r	nem	bershi	ip o	f thi	is sc	hem	ie pl	leas	e pı	roce	ed to	o Pa	rt 8	3A o	f this
2	If you are married	, in a civ	/il pa	artner	ship,	wide	wed,	sepa	rated,	or o	divo	rced	l, pl	ease	con	nple	ete V	7, W	X, Y	Y a	nd Z	Z
V	Name of Spouse Civil Partner	/																				
W	Date of Marriage/	Civil Da	rtnar	chin	Day	Λ	Month		Year		_	closu arric		civ	YES	3						
**	Date of Marriage,	CIVII I di	uici	sinp							pa	rtne ertifi	rshi	$p \mid $	NO							
X	If your spouse/ci										$D\epsilon$	eath		,	YES	3						
	predeceased you, of death of spouse										ce	rtific	cate		NO							
Y	If you are divorce	_										ecree		_	YES	3						
Z	Is there a Pens	ion Ad	justr	nent	YE	S 1	NO				Pe	nsion	!	_	NO YES	3						
	Order (PAO)		,									ljustm der (1)	NO							
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Nan	ne of Legal Spouse, CK CAPITALS)					<i>J</i> 1 V11		ш	DII		JAI		· Ot) () <u>L</u>		. V 1 .	<u>L 1</u> .	AIV.	1111			
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Date	e																					



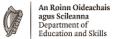
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	Please answer YES/NO
1. Did you, on or after 7 December 2005:	
a. Become entitled to any pension ¹ , lump sum or any other pension related benefit (e.g. defined benefit / defined contribution occupational pension scheme, retirement annuity contract, 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	
Direct that a payment or transfer be made to an overseas pension arrangement?	
2. Prior to the date of your retirement, or the date of commencement of pension payment, do you: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	
b. Intend to direct that a payment or transfer be made to an overseas pension arrangement?	
If you have answered YES to questions 1 or 2, you are required to complete Part 8B & Declaration Form If you have answered NO to the questions 1 or 2, you are required to complete Part 8C	

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 <u>before</u> 07 December 2005.

PART 8B- REVENUE PENSIONS DECLARATION

3. If you have an entitlement to any relevant pension benefit, other than the current pension entitlement no
being claimed , please provide the following details in a separate document.
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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(i) in the case of each <u>defined benefit</u> arrangement:	
1.where you have taken (or intend to take) a pension under the arrangement	
the <u>annual amount</u> of the pension payable (or expected to be payable) to you	
when the pension commenced (or commences) (please provide monetary	
amount);	
2.the amount of any separate lump sum benefit taken or to be taken (ie other	
than by way of commutation of a pension) (please provide monetary amount);	
3.where you have exercised an option (or intend to) in accordance with section	
772(3A), 784(2A) or 787H(1) of the Taxes Consolidation Act 1997 (i.e. an	
"ARF" option), the amount or market value of the cash or other assets as were	
(or are expected to be) transferred either to you, to an ARF and/or an AMRF,	
following the exercise of the option.	
4. 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	
4. Do you have a certificate from the Revenue Commissioners stating the amount	
of the Personal Funds Threshold in accordance with section 787P of the Taxes	
Consolidation Act 1997 (If the answer is YES, please enclose a copy)	

PART 8C - REVENUE PENSIONS DECLARATION

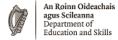
I declare that the information provided by me in this form is complete and correct. I consent to the administrator of the Teachers Pension Scheme contacting the scheme administrator, as appropriate, on my behalf for the purposes of clarifying, if necessary, any aspect of the formation provided under this Declaration.

FULL NAME (Block Capitals)										
SIGNATURE										
DATE										
PPS NUMBER										
ADDRESS										

Be aware that there is provision in the legislation that, where capital value of one's pension benefits exceeds the SFT/PFT, tax due on any chargeable excess may be deducted from the pensioner's lump sum or ongoing pension



Name	PP	SN		
Are vou	in receipt of a benefit from any other Publ	lic Service Pension	YES	NO
Scheme	?			
,	e note that pensions payable from the Department ed as public service pensions for the purposes of P		er the social welfa	are code are
IF NO	O, PROCEED TO DECLARATION. IF Y INFORM		DE THE FOLI	LOWING
Other Pa	nying Authority information required			
Name:				
Address:				
Type of I Member	Pension: , Spouse/Civil Partner.			
If you ar	e in receipt of a Spouse's pension, please			
confirm: Spouse's	- /Civil Partner's date of retirement			
_	/Civil Partner's date of death			
Additiona	al information regarding Paying Authority ij	known to you		
Email Ac	ddress			
Contact 1	Name			
Phone N	umber			
Employe	r Registration Number			
Pension o	commencement date			
Gross Ar PSPR)	nnual Pension (amount before deduction of			
	Declar	ation		
I declare	that all the information I have given on th			
	tand that I am legally obliged to inform the rvice pension which is subject to PSPR.	Department if I become	me entitled to a	nother
	ise the Department of Education and Skills e information I have provided.	to contact the Paying	Authority state	d above 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	If applicable
Scheme	
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	Mandatory
if applicable)	
Aggregation of Public Service Pension for PSPR purposes (Part 9)	Mandatory
I have read and understand the Data Protection Privacy Statement	Mandatory

ET D1 fully, obtained the relevant documents, checked all against this	
completed check list and enclose all the documentation required.	