

C. ACCEPTANCE OF TERMS

1. I wish to make an application for an Occupational Supplementary Pension.
2. I have read the Arrangements for Occupational Supplementary Pensions Circular (Circular 12/2024)
3. I **accept** the Terms and Conditions (as set out in paragraph 13 of the Arrangements for Occupational Supplementary Pensions Circular (Circular 12/2024) on which this payment is authorised.

D. ELIGIBILITY

1. Employment Status - Answer (a) or (b)

(a) Not in employment or self-employed?

I declare that I am currently not employed and I am not self-employed.

(b) Employed on a part-time basis?

I. I am currently working

[INSERT RELEVANT WORK PATTERN E.G. DAYS PER WEEK]

or

I work irregular hours, as specified below:

II. My work commenced on _____

III. I declare that I have correctly stated my current working arrangements and

VI. I agree that I will notify my Pension Payment Authority (PPA) within two weeks, should there be a change in my current working arrangements.

2. Social Welfare Engagement - Answer (a) or (b)

(a) I declare that I have not claimed or do not qualify for, any Social Insurance Benefits as defined in the Occupational Supplementary Pensions Circular (Circular 12/2024) and I am not in receipt of any such Social Insurance Benefits.

(b) I declare that I have submitted a claim for a Social Insurance Benefits as defined in the Occupational Supplementary Pensions Circular (Circular 12/2024) and I am in receipt of the following Social Insurance Benefits, as detailed hereunder:

i. Please state the nature of benefit and the amount of said benefit:

Benefit: _____ *We Weekly Amount:* _____

ii. A copy of a statement of the Social Insurance Benefit in payment and amount of benefit must be included with this application.

iii. I agree that I will notify my PPA within two weeks should the value of the social insurance benefits paid to me change.

3. I undertake to notify my Pension Paying Authority (PPA) by email within two weeks of changes in **any** circumstances which may materially affect my eligibility for the Occupational Supplementary Pension, for example, if I apply for a Social Insurance Benefit or there is a change to the social insurance rate paid to me.
4. I acknowledge that I may be required to submit information from the Department of Social Protection if requested by my PPA.

E. LIABILITIES IN RESPECT OF OVERPAYMENTS

I understand that if I am paid an Occupational Supplementary Pension for a period during which I am not entitled to receive it, I am liable to refund this money to my PPA and, in the event of my death, my PPA shall recover any outstanding amounts from my estate

F. DECLARATIONS BY APPLICANT

1. I know that it is an offence to provide false information or to withhold information which materially affects my eligibility for an occupational supplementary pension. 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 National Shared Services Office and that I may be prosecuted.
2. I declare that the particulars in this application are correct and that the accompanying statements, where relevant, relate to me.
3. I have read paragraph 13(vii) of the Arrangements for Occupational Supplementary Pensions Circular (Circular 12/2024) relating to the potential benefits of engaging with Social Welfare; and I understand that it is my responsibility to decide whether to apply for these potential benefits.
4. I have read and I understand why this data is collected as published hereunder.

Signature: _____

Date: _____

Why is this data collected and with who shall it be used?

The main purpose for which your employer requires the personal data provided by you is to assess the eligibility for and process the payment of an Occupational Supplementary pension, and for the accounting and auditing of public monies.

It will be used to establish or reconfirm whether or not you have sought and/or are being awarded a payment from the Department of Social Protection which will have an impact on your eligibility for the payment of an Occupational Supplementary pension from this employment, and to verify or reconfirm your employment details.

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 National Shared Services Office (NSSO) acts on your employer's behalf for the purposes of this processing and acts upon the employer's instruction, in line with the relevant circulars.

Queries regarding any relevant privacy notices or your organisations data protection policy should be directed to your employer.

Completed forms should be returned to:

Pension Section, 5th Floor, TU Dublin,
Park House Grangegorman, 191 North Circular Road,
Dublin 7, D07 EWV4 Email: pensions@tudublin.ie;
Website: www.tudublin.ie

CHECKLIST

Please check that:

All sections of the form have been completed.

You have given your full Name, PPS Number, Your staff number

You have provided a statement of your social welfare benefits, where relevant

You have read 13(vii) of the Arrangements for Occupational Supplementary Pensions Circular (Circular 12/2024), and understand that it is your responsibility to decide whether to claim your social insurance entitlements or forego them in favour of the OSP.

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VI. I agree that I will notify my Pension Payment Authority (PPA) within two weeks, should there be a change in my current working arrangements.

2. Social Welfare Engagement -

I declare that I have submitted a claim for a Social Insurance Benefits as defined in the Occupational Supplementary Pensions Circular (Circular 12/2024) and I am in receipt of the following Social Insurance Benefit, as detailed hereunder:

- i. Please state the nature of benefit and the amount of said benefit:

Benefit: _____ *Weekly Amount:* _____

- ii. A copy of a statement of the Social Insurance Benefit in payment and amount of benefit must be included with this application.
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