



# Application to become a Voluntary Contributor

- Please read information booklet **SW 8** before completing this form.
- Please answer **ALL** questions and place a tick (✓) in the boxes provided. (Forms not fully completed will be returned)
- Please use **BLOCK LETTERS**.
- Please **do not** forward any payment with this application.

## Part 1

## Your own details

Please State:

Mr.   
  Mrs.   
  Ms.   
  Other \_\_\_\_\_  
 Please specify

1. Your full name

Surname

First name(s)

2. Your Address

3. Telephone Number if any  
(between 9am-5pm daily)

Landline

Mobile

4. Your Personal Public Service  
Number (PPS No.)  
(same as RSI or tax number)

FIGURES

LETTER(S)

5. Your Old Insurance Number  
if any

6. Your date of birth

Day   
   Month   
     Year

7. Are you....?

Married   
  Single   
  Divorced  
 Separated   
  Widowed   
  Cohabiting

8. If married your date of  
marriage

Day   
   Month   
     Year

9. What is your birth name (if  
applicable)

10. Your Nationality

If you are or have recently been self-employed please complete section 2A.  
Employees should proceed to section 2B

### 2A Self Employed only

Please state:

11. Are you currently self-employed?  Yes  No
12. What is/was your occupation?
13. When did you first start self-employment?  Day  Month  Year
14. If you are no longer self-employed, when did your self-employment cease?  Day  Month  Year
15. Please state the last year you paid compulsory PRSI as a self-employed person  Year
16. Please state from what year you wish to become a voluntary contributor?  Year
17. Do you wish to continue to pay voluntary contributions on an on-going basis?  Yes  No
18. Are you getting Early Farm Retirement Pension from the Department of Agriculture and Food?  Yes  No
19. Have you a rental or lease income from farm or lands?  Yes  No  
If YES, is your rental or lease income over €3,174 per annum after tax exemptions?  Yes  No

### 2B Employees

20. Name of your last employer
21. What was your occupation?
22. Why did your employment cease?
23. Dates of this employment  From:  To:

Please forward your P45 if available

**24. Please provide details of any previous employment in Ireland**

Employer	Dates of Employment	
	From:	To:

**25. If you ever worked in the United Kingdom, any other EU country outside Ireland, the Isle of Man, Austria, USA, Canada or Australia, please state:**

Country where you worked:	From:	To:	Your social security number

**26. Do you get or have you recently applied for any Social Welfare payment?**  Yes  No

If "Yes", please state:

Type of payment: Claim or reference number: Date of first payment, if applicable   Day   Month     Year**Homemakers Scheme** (if this scheme applies to you, you will not need to become a voluntary contributor)

The Homemaker's Scheme makes it easier for you as a homemaker to qualify for a State Pension (Contributory) (this replaced Old Age Contributory Pension on 29 September 2006) when you reach age 66. For more detail, see information booklet **SW1**

A homemaker, for the purposes of the Homemaker's Scheme, is a man or woman who gives up work to take care of a child under age 12 or an incapacitated adult or child aged 12 or over, on or after 6 April 1994. If you work or have already left work to care for any child or person we will ignore the resulting gap in your record when working out the yearly average of PRSI contributions for your State Pension (Contributory). This arrangement only applies to breaks from work taken after 6 April 1994.

Further information on Homemakers scheme is also available from.

**Homemaker's Section**

Social Welfare Services

Gandon House

Amiens Street

Dublin 1

**Telephone:** (01) 704 3299, (01) 704 3096, (01) 704 3468

I wish to become a voluntary contributor. All the details I have given are true and complete.

I agree to become a voluntary contributor from the beginning of the contribution week following the week I leave employment or self-employment.

**Your signature**  
(not block letters)

Date

If you cannot sign, make a mark and have somebody witness it. The witness should sign below:

**Signature of witness**  
(not block letters)

Date

**Address of witness**

**WARNING: If you make a false statement or if you fail to give full details, you may face a fine or a prison term or both.**

**Remember do not send any payment at this stage. Payments received with this application will be returned to you immediately**

Voluntary Contributions are not compulsory. An individual can choose to pay them or not to pay them. They are not refundable unless paid after the due date or where compulsory PRSI was also paid in the same year.

**Send this completed form to:**

**Voluntary Contribution Section**

Social Welfare Services  
Government Offices  
Cork Road  
Waterford.

Telephone: Waterford (051) 356 000  
Dublin (01) 704 3000

E-mail: [volcons@welfare.ie](mailto:volcons@welfare.ie)

**Data Protection and Freedom of Information**

**We, the Department of Social and Family Affairs, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies in accordance with law.**

**Explanations and terms used in this form are intended as a guide only and do not purport to be a legal interpretation.**