



Your social security rights

in Ireland

The information provided in this guide has been drafted and updated in close collaboration with the national correspondents of the Mutual Information System on Social Protection (MISSOC). More information on the MISSOC network is available at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=815>

This guide provides a general description of the social security arrangements in the respective countries. Further information can be obtained through other MISSOC publications, all available at the abovementioned link. You may also contact the competent authorities and institutions listed in annex to this guide.

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Chapter I: Introduction, organisation and financing

Introduction

Irish social welfare benefits are of three main types:

- contributory (social insurance) payments, which are based on the number of PRSI (Pay-Related Social Insurance) contributions made in a specific period;
- non-contributory (social assistance) payments, intended for those who do not qualify for social insurance payments and based on a means test; and
- universal payments such as Child Benefit and Free Travel, which are in some cases provided regardless of a person's means or their social insurance contributions. Only a small number of universal payments exist.

You must fulfil the conditions of the relevant scheme in order to qualify for payment. Some payments have other conditions in addition to the PRSI conditions or a means test. For example, if you are claiming a jobseeker's payment, you must be available for and looking for work.

If you do not qualify for payments from an insurance scheme you may be entitled to payments under the non-contributory schemes which exist in parallel with virtually all the available insurance schemes.

There are no special social security schemes in operation under Irish legislation for any particular categories of worker. Both employed and self-employed people are insured under the general social insurance scheme.

Generally speaking, all employees and self-employed people over the age of 16 who have not reached pension age (66 years) are insured. Employees earning less than €38 per week (from all employment) or who are aged over 66 are only insured for occupational injury benefits. All people ordinarily resident in Ireland are entitled to certain health services.

How to register for social security

When taking up employment in Ireland for the first time you should immediately apply to your Social Welfare Local Office for a Personal Public Service (PPS) Number. This is a reference number for all dealings with the Public Service, including social security, income tax, and health services eligibility. When your unique PPS Number is allocated, you should contact the local tax office to arrange your tax affairs.

You should ensure that you are registered and that your employer knows your PPS Number. Otherwise, PRSI contributions may not be correctly recorded.

Always quote your PPS Number when applying for benefits, and in other correspondence with the Department of Social Protection. This will help us to identify your record quickly and avoid delays in making social welfare payments.

Organisation of social protection

The Department of Social Protection headquarters offices are located in Buncrana, Carrick-on-Shannon, Dublin, Dundalk, Letterkenny, Longford, Roscommon, Sligo and Waterford. Local delivery of services, through a network of nearly 125 INTREO/local/branch offices, is structured on a three region, 13 division basis.

The Social Welfare Appeals Office is an independent office of the Department responsible for determining appeals against decisions on social welfare entitlements and on insurability of employment issues.

The Department of Health is responsible for strategic health policy formulation and evaluation, resource issues, performance measurement and management of the wider delivery system. The Department is currently involved in a programme of organisational change and reform of the country's health service. The management and delivery of health and personal social services are the responsibility of the Health Service Executive (HSE) which is governed by the Health Service Directorate established by the Minister for Health in July 2013. The board of the HSE has now ceased to exist. The Directorate manages services through a structure designed to put patients and clients at the centre of the organisation. The Directorate has responsibility for the delivery of all health and personal social services across the country including hospital, primary, community and continuing care services and this is organised around newly established service divisions. There are four Regional Directors for Performance and Integration (RDPIs) in place who play a key role in the performance and integration of services at regional level as well as managing the full range of delegated operational responsibilities. Services provided in the community include primary care, community based health and personal social services and continuing care hospitals and services, delivered primarily through 32 Local Health Offices.

Financing

Employees' and employers' social insurance contributions are paid into the Social Insurance Fund, to which the State also contributes. The social insurance schemes are financed by this Fund, which is administered by the Department of Social Protection. By contrast, the non-contributory payments and Child Benefit are financed by general taxation.

Benefits in kind under the health service are financed mainly from general taxation. They are administered by the Health Service Executive (HSE) through its regional offices, under the general supervision of the Department of Health.

Your employer is legally responsible for paying the entire PRSI contribution. However, he/she is required to deduct your share of the contribution from your pay. There are various contribution rates depending on the type of occupation involved. These are known as "contribution classes".

Employees normally also pay the Universal Social Charge, which is collected with the PRSI contribution but is separate from it. No Universal Social Charge is payable where:

- your annual income is less than €10,036; or

- you are in receipt of a social welfare payments.

Overall Social Insurance rates (excluding contribution for sickness and maternity benefits in kind):

- Employee: 4.0%. The first € 127 of weekly earnings is excluded from the calculation of the percentage payable. Employees with earnings up to € 352 per week are exempt from making a contribution. Annual ceiling: € 75,036.
- Employer: 8.5% (including a 0.7% National Training Fund Levy) on incomes up to € 356 per week. 10.75% (including a 0.7% National Training Fund Levy) on all earnings where weekly income is in excess of € 356. No ceiling.

Chapter II: Healthcare

When are you entitled to healthcare?

Entitlement to health services in Ireland is primarily based on residency and means. Any person, regardless of nationality, who is accepted by the Health Service Executive (HSE) as being ordinarily resident in Ireland is entitled to either full eligibility (Category 1, i.e. medical card holders) or limited eligibility (Category 2) for health services.

Entitlement to a medical card is determined mainly by reference to a person's means, there being scope for discretion to grant a card in cases of "undue hardship" where the income guidelines are exceeded. There are separate income guidelines for medical card applicants who are over 70 years of age.

All other people who are "ordinarily resident" in Ireland have limited eligibility.

Information in relation to medical cards can be found at <http://www.hse.ie>.

What is covered?

All people ordinarily resident in Ireland are entitled to the following services free of charge:

- hospital services for children suffering from specified long-term illnesses;
- drugs and medicines for people suffering from specified disabilities;
- hospital, diagnostic and preventive services for infectious diseases.

Category 1- full eligibility: medical card holders

Category 1 consists of people who, in the opinion of the Health Service Executive, are unable to afford general practitioner services for themselves and their dependants. People in this category are often referred to as "medical card holders", since medical cards are issued to them to establish their entitlement to services. Income guidelines are available to determine a person's eligibility.

The following services are available to medical card holders:

- general practitioner (GP) services; all in-patient hospital services in public wards;
- specialist services in out-patient clinics;
- certain dental, ophthalmic and aural services and appliances;
- prescribed drugs, medicines and medical and surgical appliances;
- maternity care and infant welfare services;
- a maternity cash grant for each newborn child;
- attendance at Accident and Emergency departments free of charge.

Eligibility for a medical card brings a number of important secondary benefits. These include exemption from the payment of health contributions, exemption from examination fees in second-level schools, assistance with school books and free school

transport for certain children.

Category 2 - limited eligibility

Anyone who does not have full eligibility for health services has limited eligibility:

- all in-patient hospital services in public wards, subject to statutory charges;
- specialist services (excluding dental and most routine ophthalmic and aural services) in outpatient clinics;
- maternity care and infant welfare services, including the services of a family doctor during pregnancy and family doctor services for mother and infant up to six weeks after the birth.
- a refund of expenditure on drugs and medicines above a specified limit (€ 144 per month);
- drugs and medicines for the treatment of certain specified illnesses under the Long-Term Illness Scheme

Those people above the income guidelines for full eligibility may be entitled to a GP (General Practitioner) Visit Card, depending on income, which entitles the holder to free GP services.

Dental and routine ophthalmic and aural services are excluded from out-patient services, but this treatment is provided to children who have been referred from a child health clinic or a school health examination. A maternity and infant care service is provided during pregnancy and up to six weeks after birth. A charge applies for Accident and Emergency services, except where the patient has a referral note from his/her doctor.

How is healthcare accessed?

Persons with full eligibility must choose from a list of local General Practitioners who are contracted by the HSE to provide services under the GMS Scheme.

Persons with limited eligibility attending a GP in a private capacity choose their own GP. Persons with limited eligibility holding a GP visit card select a GP from a list of those who are contracted by the HSE to provide services under the GMS Scheme.

Referral to specialist medical services is via the GP.

Chapter III: Sickness cash benefits

When are you entitled to sickness cash benefits?

Illness Benefit is paid weekly to insured people during periods of incapacity for work. It may be replaced by [Injury Benefit](#) if the incapacity results from an accident at work or an occupational disease.

To be eligible for Illness Benefit:

- you must be unfit for work;
- you must satisfy the contribution conditions:
 - 104 weekly contributions paid since first starting employment and,
 - 39 weekly contributions paid or credited during the relevant contribution year, of which a minimum of 13 must be paid contributions in that year or in some other contribution years, or
 - 26 weekly contributions paid in each of the two relevant contribution years preceding the benefit year.

What is covered?

Illness Benefit amounts to € 188 per week. Family supplements are paid for qualified adults and children at € 124.80 and € 29.80 per week respectively.

Illness Benefit is normally paid from the fourth day of illness. Once you receive Illness Benefit, your entitlement will continue for as long as you are unfit for work, subject to a maximum of two years, provided that you have at least 260 weeks' PRSI contributions paid. If you have fewer than 260 paid contributions, Illness Benefit ceases after 52 weeks of incapacity.

How are sickness cash benefits accessed?

Illness Benefit should be claimed within seven days of becoming incapable of work. You are required to send a "certificate of incapacity for work" from your doctor to the Department of Social Protection. Normally, a certificate is required for each week of incapacity.

Illness Benefit with allowances for a qualified adult and any qualified children is paid weekly directly into a bank account or by cheque through the post.

Chapter IV: Maternity and paternity benefits

When are you entitled to maternity or paternity benefits?

Benefits in kind

All women residents are entitled to [benefits in kind](#) connected with pregnancy and childbirth.

Maternity Benefit

Maternity Benefit may be payable to women who are in employment that is covered by the Maternity Protection of Employees Act, 1994 immediately before the first day of their maternity leave. To qualify for payment:

- you must have paid at least 39 weeks' PRSI contributions in the 12 months before the first day of maternity leave; or
- you must have paid at least 39 weeks' PRSI since first starting work and have at least 39 weeks' PRSI contributions paid or credited in the relevant tax year or in the year following the relevant tax year; or
- you must have paid at least 26 weeks' PRSI contributions in the relevant tax year and at least 26 weeks' PRSI contributions in the tax year prior to the relevant tax year.

Self-employed women must have at least 52 contributions paid in either the last or second last complete tax year before the benefit year in which the claim is made.

Adoptive Benefit

Adoptive Benefit is a payment that may be available for a person who adopts a child. Entitlement conditions, amounts and payment modalities are similar to those for maternity benefit.

What is covered?

Benefits in kind

Pre- and post-natal services and hospital care for infants under 6 weeks are free. See also part on [health care](#).

Maternity Benefit

Maternity Benefit is payable for a period of 26 weeks, at least two of which must be taken before, and four after, the date on which your baby is due.

The amount paid is 80% of your earnings in the relevant income tax year, subject to a fixed minimum and maximum weekly payment or the amount of Illness Benefit

including increases for qualified adults and children which the person would be entitled to if absent from work through illness, whichever amount is greater.

The start date of the maternity leave determines the relevant income tax year.

The payment is now liable for tax.

How are maternity and paternity benefits accessed?

Maternity Benefit

You should apply for Maternity Benefit six weeks (12 weeks if self-employed) before you intend to go on maternity leave. You can get an application form from your Social Welfare Local Office. It should be completed by your doctor and employer and returned to the Department of Social Protection.

Payment is made weekly into a bank account, or by means of a cheque through the post.

Chapter V: Invalidity benefits

When are you entitled to invalidity benefits?

Invalidity Pension is payable weekly instead of Illness Benefit to insured people who are certified to be permanently incapable of work (or likely to be incapable of work for a minimum of 12 months) and who satisfy the PRSI contribution conditions.

To be eligible for Invalidity Pension:

- you must have paid at least 260 weeks' PRSI contributions, at the appropriate rate, since entry into insurance, and
- you must have at least 48 weeks' paid or credited PRSI contributions in the governing contribution year.

Generally, before qualifying for Invalidity Pension you must have received Illness Benefit for at least 12 months. In certain circumstances, however, it may be possible to qualify earlier.

What is covered?

Invalidity Pension is a flat-rate amount depending on age. It is € 193.50 per week for persons aged under 65; it is € 230.30 per week for those aged 65 and over.

Supplements are paid for qualified adult and children.

Subject to conditions recipients may also qualify for Telephone Allowance, Electricity or Gas Allowance, Fuel Allowance and Television Licence. People aged 66 or over living alone receive a Living Alone Allowance of € 7.70 per week.

How are invalidity benefits accessed?

Invalidity Pension, including allowances for qualified adult and qualified children, is paid directly to a bank account by electronic fund transfer if you are resident in Ireland. If you reside elsewhere, it is normally paid monthly in the local currency by electronic fund transfer.

Chapter VI: Old-age pensions and benefits

When are you entitled to old-age benefits?

With some exceptions, all employees and apprentices aged 16 years and over are compulsorily insured. Similar provisions apply to self-employed persons.

State Pension (Transition)

State Pension (Transition) may be payable from age 65 to 66 to people who have retired from full-time employment and who satisfy the PRSI contribution conditions.

In general, an insured person aged between 65 and 66 is regarded as retired as long as they do not have earnings of € 38 per week or more as an employee or income of € 5,000 or more per year from self-employment.

The PRSI contribution conditions require that:

- you must have started paying social insurance contributions before reaching age 55;
- you must have paid at least 520 contributions, at the appropriate rate;
- you must have a yearly average of 24 weeks' paid or credited PRSI contributions from 1953 or the time you started insurable employment.

The State Pension (Transition) will no longer be paid from 1 January 2014.

State Pension (Contributory)

This is payable from pension age (66 years) onwards to any insured person who satisfies certain PRSI contribution conditions. The qualifying age will rise to 67 in 2012 and 68 in 2028. You can receive it even if you continue working. It cannot be paid in addition to State Pension (Transition).

The pension should be claimed within three months before pension age is reached, using a form which can be obtained from any Social Welfare Local Office or post office.

The PRSI contribution rules are as follows:

- you must have started paying Social Insurance contributions before reaching age 56;
- you must have at least 520 contributions at the appropriate rate;
- a yearly average of at least 10 weeks' employment contributions paid and/or credited from 1953 (or the time you started insurable employment) to the end of the tax year before you reach age 66; a yearly average of 10 weeks' full-rate employment contributions will entitle you to a minimum State Pension (Contributory).

Anyone receiving Invalidity Pension will, upon reaching the age of 66, automatically transfer onto State Pension (Contributory).

Anyone who takes time out of paid employment to care for a child up to twelve years of age or for an incapacitated person can have up to 20 years of such activity taken into account in the calculation of the yearly average of PRSI contributions paid.

State Pension (Non-Contributory)

People aged 66 or over who do not qualify for the State Pension (Contributory) may be entitled to State Pension (Non-Contributory), subject to a habitual residence¹ and a means test.

What is covered?

The amount of State Pension (Transition) is € 230.30 per week (maximum). If the average number of annual contribution weeks registered is more than 24, but less than 48, a reduced pension is payable.

State Pension (Contributory) is also € 230.30 per week (maximum). If the average number of annual contribution weeks registered is more than 10, but less than 48, a reduced pension is payable.

Supplements are paid for qualified adults and children.

An additional allowance of € 7.70 per week is payable where a person aged 66 or over is living alone.

How are old-age benefits accessed?

State Pension (Transition)

State Pension (Transition) should be claimed three months before reaching age 65 or within three months of retirement from insurable employment if this occurs after age 65. The application form is available from all Social Welfare Local Offices and Post Offices.

Payment, which includes allowances for qualified adult and children, is made by means of electronic fund transfer (EFT) into a bank account or electronic information transfer (EIT). An EIT payment is made by using a swipe card at a nominated post office.

State Pension (Contributory)

State Pension (Contributory) should be claimed within three months before pension age is reached, using a form which can be obtained from any Social Welfare Local Office or post office.

¹ The habitual residence condition means that you have to show that you have been habitually resident in Ireland or the Common Travel Area of the UK, the Channel Islands and the Isle of Man for a substantial continuous period.

The pension, which includes allowances in respect of qualified adult and children, can be paid into a bank account by electronic fund transfer, or by means of electronic information transfer (EIT). An EIT payment is made by using a swipe card at a nominated post office.

Chapter VII: Survivors' benefits

When are you entitled to survivors' benefits?

Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension

With some exceptions, all employees and apprentices aged 16 years and over and the self-employed are compulsorily insured for these benefits.

The surviving or divorced spouse who has not remarried or is not living with a person as husband and wife is eligible. Surviving partners or cohabitants are not entitled to benefits.

Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension is payable to a widow, widower or surviving civil partner regardless of age, if the contribution conditions are satisfied on either his/her late spouse's or his/her own insurance record. The PRSI contribution conditions are that:

- at least 156 PRSI contributions must have been paid up to the date of the bereavement or the date he/she reached pension age; and
- an average of at least 39 weeks' PRSI contributions must have been paid or credited in either the three or the five tax years (whichever is more beneficial in helping you achieve the yearly average) before the spouse's death or before they reached pension age;
- for a minimum pension, a yearly average of at least 24 weeks' PRSI contributions must have been paid or credited since starting work up to the end of the tax year before the spouse died or reached pension age; for a maximum pension, a yearly average of 48 weeks' PRSI contributions must have been paid or credited.

Death Grant

A Bereavement Grant is payable on the death of:

- an insured person;
- the spouse of an insured person;
- the widow, widower or surviving civil partner of an insured person;
- a child (under age 18) of an insured person;
- the qualified adult of a contributory pensioner, including those who would be qualified but are in receipt of another social welfare payment e.g. Carer's Allowance;
- a qualified child;
- an orphan or a person to whom a guardian's payment (contributory) is payable.

When an adult dies, a Bereavement Grant may be paid based on the PRSI contribution record of the deceased or of the husband or wife of the deceased. When a child dies, a Bereavement Grant is paid if either of the parents or the person with whom the child normally lived satisfies the PRSI contribution conditions.

The Bereavement Grant is € 850.

Payments of benefits and pensions after death

Subject to certain conditions, if a person receiving a weekly payment dies, the payment may continue for a period of six weeks after the date of death. This arrangement also applies on the death of a person for whom a qualified adult or qualified child increase was being paid. In addition, if a weekly payment would have included a qualified adult increase but for the fact that the person's spouse was receiving one of the payments in his or her own right, the payment continues to be payable to the person's spouse for a period of six weeks after the date of death.

The six weeks' payment arrangement also applies to:

- One Parent Family Payment where there is one qualified child, in respect of that child; and
- Carer's Benefit and Carer's Allowance where the person being cared for was not the carer's spouse.

What is covered?

Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension

Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension is payable as long as the recipient remains a widow/widower, or does not live with a new partner.

The amount of the pension varies according to the age of the surviving spouse and divorced spouse:

- under age 66: € 193.50 per week;
- over age 66: € 230.30 per week.

An additional allowance of € 7.70 per week is payable where a person aged 66 or over is living alone.

An increase of € 29.80 per week is payable for each qualified child under 18 years of age (or under 22 years of age if the child is in full-time education). This increase may be combined with family benefits.

People who are widowed and do not qualify for Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension may be entitled to Widow's, Widower's or Surviving Civil Partner's (Non-Contributory) Pension provided they are habitually resident in Ireland and satisfy a means test.

Guardian's Payment

Orphan children having lost both parents are entitled to Guardian's Payment (Contributory) of € 161.00 per week if the orphan is under 18 years of age (or under 22 years of age if in full-time education) and 26 contribution weeks of insurable employment were paid by a parent or step-parent. Orphans without entitlement to Guardian's Payment (Contributory) may receive Guardian's Payment (Non-contributory) subject to a habitual residence and means test.

Other benefits

Other benefits include a once-off Widowed or Surviving Civil Partner Grant of € 6,000 payable if the survivor has at least one child dependant.

How are survivors' benefits accessed?

The pension should be claimed within three months of a spouse's death, using a form available from any Social Welfare Local Office or Post Office.

Payment, which includes allowances for qualified child(ren), is made into a bank account by electronic fund transfer, or by means of electronic information transfer (EIT). An EIT payment is made by using a swipe card at a nominated post office.

A claim for bereavement grant should be made within twelve months of the date of the death on an application form available from any Social Welfare Local Office. For further information, please contact the [Department of Social Protection](#).

Chapter VIII: Benefits in respect of accidents at work and occupational diseases

When are you entitled to benefits in respect of accidents at work and occupational diseases?

Employees and some trainees are compulsorily insured. No voluntary insurance is possible.

Occupational injuries benefits are payable to insured people who are injured at work or who contract certain occupational diseases. Accidents while travelling between home and work are covered. 56 occupational diseases are prescribed.

There are no specific qualifying conditions for benefits in respect of accidents at work. A defined period of exposure to risk is prescribed for specific occupational diseases (deafness, tuberculosis and pneumoconiosis).

The benefits may consist of Injury Benefit, Disablement Benefit, Incapacity Supplement, Medical Care and Death Benefits.

What is covered?

Injury Benefit

Injury Benefit is paid while you remain unfit for work. It is payable from the fourth day of incapacity up to a maximum period of 26 weeks commencing with the date of the accident or the onset of the occupational disease. If you are still incapable of work after 26 weeks, you may be entitled to Illness Benefit.

Disablement Benefit

Disablement Benefit is payable if, as a result of an occupational accident or disease, you are suffering from a loss of physical or mental ability, even where you are not unfit for work.

An Incapacity Supplement is payable to people who are in receipt of Disablement Benefit, if they are considered to be permanently incapable of work as a result of an occupational accident or disease, and who do not qualify for Illness Benefit.

Medical care

The Occupational Injuries Scheme covers the cost of certain medical expenses over and above the expenses already paid by the Health Services Executive or Treatment Benefit.

Death Benefits

Death Benefits may be paid where an insured person dies as a result of an occupational accident or disease. It may also be payable to the dependant(s) of a person who, at the time of death, was receiving Disablement Pension assessed at 50% or more, regardless of the cause of death. Death Benefits comprise:

- Widow's/Widower's or Surviving Civil Partner's Pension;
- Orphan's Pension;
- Dependent Parent's Pensions;
- Funeral Grant.

How are benefits in respect of accidents at work and occupational diseases accessed?

If you have an accident at work, your employer must be informed. You must send a certificate of incapacity for work to the Department of Social Protection on a special form available from most doctors. A certificate must be sent for each week of incapacity.

Payment of injury benefit, including allowances for qualified adult and children, is normally made from the fourth day of incapacity. Payment is made weekly by means of a cheque through the post or by electronic fund transfer.

Disablement benefit should be claimed within three months, otherwise you risk losing part of it.

If medical care is being received as a result of an occupational accident or disease, the Department of Social Protection must be notified within six weeks of start of care.

Death Benefits should be applied for using a form from the Department of Social Protection within three months of the death. Otherwise, entitlement may be lost.

Chapter IX: Family benefits

When are you entitled to family benefits?

Family benefits include the following:

- Child Benefit;
- Family Income Supplement;
- One-Parent Family Payment.

These benefits may be subject to specific qualifying conditions. See below “What is covered”.

For Guardian’s Payment (Contributory) and Guardian’s Payment (Non-Contributory), see part on [survivors](#). For Domiciliary Care Allowance, see part on [long-term care](#).

What is covered?

Child Benefit

Child Benefit, which does not depend on insurance or on means, is paid in respect of each child under the age of 16. The age limit is extended to 18 years where the child is receiving full-time education or is incapacitated. The habitual residence condition applies to Child Benefit.

Child Benefit is paid to the child's mother or step-mother; however it may be paid to the father or step-father if the child is living with and being supported by them.

Child Benefit is a monthly payment, the amount of which depends on the ranking of the child in the family.

Family Income Supplement

Family Income Supplement (FIS) is a regular weekly tax-free payment, payable for families, including one-parent families, in low-paid employment. To qualify for payment, you must:

- be an employee in paid full-time employment, working for 19 hours or more per week, or 38 hours or more per fortnight; and
- have at least one qualified child who is normally living with you and maintained/supported by you; and
- have net income below a prescribed limit.

Full-time employment means that your employment must be expected to last for at least three months. Casual work, such as seasonal work and Government sponsored schemes do not count as full-time employment.

The amount of FIS payable is 60% of the difference between the family income (net of PRSI and net of Income Tax) and the income limit applicable to that family size.

One-Parent Family Payment

One-Parent Family Payment is a payment for men or women who are bringing up a child or children without the support of a partner. You may apply for this payment if:

- your youngest child is age 10 or below;
- you are unmarried, widowed, a prisoner's spouse, separated or divorced; or
- your marriage has been annulled and you are no longer living with your former spouse.

You will qualify for this payment if you are the main carer of at least one child and that child is living with you; are not cohabiting (living with someone as husband and wife); have earnings from work of € 425 a week or less; satisfy a means test; and satisfy the habitual residence condition.

How are family benefits accessed?

Generally applications for family benefits should be made through the Social Welfare Local Offices. It should be noted that Child Benefit is payable monthly and becomes payable from the first day of the month following that in which the child is born or comes to live in Ireland. Claims should normally be made by the parent of the child within three months of that date, using an application form available from the Social Welfare Local Offices.

Chapter X: Unemployment

When are you entitled to unemployment benefits?

Jobseeker's Benefit is payable weekly to insured people during periods of unemployment. To be eligible for Jobseekers' Benefit:

- you must satisfy the PRSI contribution conditions;
- you must be capable of and available for work;
- you must be genuinely seeking work.
- you must be aged over 16 and under 66.

The self employed, civil and public servants recruited before April 1995 and persons earning less than € 38 per week do not make PRSI contributions which provide entitlement.

Jobseeker's Allowance is payable on largely similar conditions. It is, however, subject to a means and a residence test. Moreover, no qualifying period is required. The minimum age limit is 18 years old.

In certain circumstances, you may be disqualified from Jobseeker's Benefit and Jobseeker's Allowance for certain periods, e.g. if you lose your job through your own misconduct or if you refuse an offer of suitable employment.

Penalty rates of payment are in place to encourage jobseekers to engage with the National Employment Action Plan (NEAP) and other activation measures.

Redundancy payments

Most insured people are covered by the redundancy payments scheme administered by the Department of Social Protection. An insured employee who loses his/her job through redundancy will, if certain requirements are met, receive a lump sum payment. The amount depends on the length of service with the employer who made him/her redundant, the age of the employee and his/her rate of pay at the time he/she received notice of dismissal.

A person is normally deemed to have been made redundant when dismissal is due to the complete or partial closing down of the employee's place of employment or to a decrease in the employer's requirements for employees of his/her kind and qualifications.

It should be noted, however, that entitlement under this scheme depends on length of service with an employer in Ireland and not on contributions. The provisions of Union law on the aggregation of insurance periods do not apply to redundancy payments.

If a person receives a redundancy payment in excess of € 50,000, they may be disqualified from Jobseeker's Benefit for up to nine weeks. This disqualification does not apply where the claimant is aged 55 years or over.

What is covered?

Payment of Jobseeker's Benefit and Jobseeker's Allowance is normally made from the fourth day of unemployment. However, if you have submitted a claim for sickness benefits or Jobseeker's Benefit in the preceding 13 weeks, payment may be made from the first day of unemployment. When you were in receipt of Jobseeker's Benefit immediately prior to claiming Jobseeker's Allowance, there is no waiting period.

Jobseeker's Benefit is normally paid for 234 days, but is limited to 156 days if you have paid less than 260 weekly contributions since first entering insurance. However, it may be paid up to pension age provided the person continues to satisfy the conditions for receipt of the payment. Jobseeker's Allowance is paid for an unlimited period up to the age of 66.

Jobseeker's Benefit and Jobseeker's Allowance are flat-rate benefits amounting to € 188 per week. Jobseeker's Allowance is paid at reduced rates for beneficiaries under age 24.

Supplements are available for qualified adults and children. You may qualify for further supplements, such as Supplements under the Supplementary Welfare Allowance Scheme (i.e. Rent and Mortgage Interest Supplements, Exceptional and Urgent Needs Payments) and, for Jobseeker's Allowance recipients, Fuel Allowance.

How are unemployment benefits accessed?

Jobseekers' Benefit should be claimed on the first day of unemployment. You should make a claim at your Social Welfare Local Office. The claim may be made by post if you live more than ten kilometres (six miles) away from the office. Income tax forms such as form P 60 (end-of-year statement) may be required to determine your benefit entitlement.

Jobseeker's Benefit is paid weekly in arrears by cheque or by postal draft collected in any post office.

Chapter XI : Minimum resources

When are you entitled to benefits regarding minimum resources?

If you are resident in Ireland and do not have enough contributions to qualify for a social insurance payment, or if you have used up your entitlement, you may be entitled to a non-contributory payment instead.

In addition, a range of contingency related non-contributory schemes are available to persons with limited means. These schemes also provide differential cash benefits and have greater application in Ireland than the general non-contributory minimum scheme. These specific schemes are:

- [Jobseeker's Allowance](#);
- Disability Allowance, for people with disabilities aged 16 to 66;
- Blind Pension, for blind people and certain people with low vision aged 18 to 66;
- [One-Parent Family Payment](#), for people parenting alone;
- Farm Assist: low-income farmers aged 18 to 66;
- [Widow's, Widower's Surviving Civil Partner's \(Non-Contributory\) Pension](#);
- [State Pension \(Non-Contributory\)](#).

In general, you will satisfy this test if your means (and those of your spouse or partner) are assessed as being below a certain level. Some income and property is disregarded in the means test.

Moreover, you must be deemed to be "habitually resident" in Ireland. The habitual residence condition means that, in order to receive any of these payments, you have to show that you have been habitually resident in Ireland or the Common Travel Area of the UK, the Channel Islands and the Isle of Man for a substantial continuous period.

When deciding whether you have been habitually resident, the Department will look at:

- Your main centre of interest;
- The length and continuity of your residence in Ireland or other parts of the Common Travel Area;
- The length of and reason for any absence from Ireland;
- The nature and pattern of your employment, if any;
- Your future intention to live in the Republic of Ireland as shown in the evidence.

As a general non-contributory minimum payment, the Supplementary Welfare Allowance scheme provides differential flat-rate cash benefits for persons whose means are insufficient to meet their needs.

What is covered?

The maximum rate of payment of all non-contributory benefits, including supplements for a spouse/partner and children, is payable where a person has no means assessed.

Where a person has means assessed, the rate payable is reduced by the amount of the means.

Supplements are available to Disability Allowance, State Pension and Blind Pension, i.e. Living Alone Allowance, Free Travel and Electricity Allowance, TV Licence and Telephone Rental Allowance.

All schemes have an unlimited duration, as long as the conditions are fulfilled.

Housing and heating allowances are also provided for:

- the Rent Supplement scheme offers short-term support to eligible people living in private rented accommodation, whose means are insufficient to meet their accommodation costs and who do not have accommodation available to them from another source. The level of support varies depending on location of the rented accommodation and family size;
- the Mortgage Interest Supplement scheme provides short-term support to eligible people living in accommodation owned by the claimant. The level of support varies depending on the level of mortgage interest payable;
- Fuel Allowance.

Persons fully dependent on a non-contributory minimum have full eligibility for [health services](#).

How are minimum resources benefits accessed?

All schemes must be formally applied for. The means test is based on the details supplied on application. In most cases, the assessment will also include an interview with a social welfare inspector employed by the Department of Social Protection.

Chapter XII: Long-term care

When are you entitled to long-term care?

Whereas there is no separate long-term care system in Ireland, several schemes/benefits provide support for people who require long-term care.

The Nursing Homes Support Scheme provides financial support towards the cost of long-term nursing home care. Applicants to the scheme must undergo care need and financial assessments to determine a) whether long-term nursing home care is the most appropriate option and b) what they can afford to contribute towards their cost of care. Anyone who is assessed as requiring long-term nursing home care can avail of the scheme, regardless of age. However, nursing home care must be appropriate to meet the individual's care needs.

Home Care Packages are aimed at those requiring medium to high support in the community. In particular, it is aimed at older people living in the community who are in acute hospitals and are at risk of admission to long-term residential care.

Carer's Benefit

Carer's Benefit is a payment for insured people who have recently left the workforce to look after certain people in need of full-time care and attention. It can be paid to insured employees who care for a minimum of six weeks up to a maximum of two years. Carer's Benefit is not means-tested. You will only qualify if you, and the person(s) you are caring for, meet the following conditions.

You, the carer, must:

- be aged 18 or above;
- have been employed for eight weeks during the previous 26 weeks;
- satisfy the PRSI contribution conditions;
- give up employment (that was for at least 16 hours a week or 32 hours a fortnight) to care for a person full time;
- not be employed or self-employed outside the home for more than 15 hours a week;
- not live in a hospital, convalescent home or similar institution.

The person(s) you are caring for must:

- be so disabled as to need full-time care and attention (medical certification is needed); and
- not normally live in a hospital, home or similar institution.

Constant Attendance Allowance

Constant Attendance Allowance is payable for beneficiaries of Disablement Benefit who are so severely disabled so as to require another person to care for them for a period of at least 6 months.

No qualifying period is required. The benefit is not subject to a means test.

Domiciliary Care Allowance

Domiciliary Care Allowance is a payment for children up to the age of 16 years of age who live at home and need considerably more care and attention than normally required by children of the same age.

No qualifying period is required. It is not subject to a means test.

Carer's Allowance

Carer's Allowance is paid to resident carers aged 18 and over of ill/incapacitated persons over the age of 16 and children in respect of whom a Domiciliary Care Allowance is payable.

No qualifying period is required. Carer's Allowance is subject to a means test (based on the carer's means).

Respite Care Grant

Respite Care Grant is an annual payment for full-time carers aged 16 and over who look after certain people in need of full-time care and attention.

No qualifying period is required.

What is covered?

Home Care Packages are an additional support over and above existing mainstream community services. No maximum duration of benefits is specified.

The Nursing Homes Support Scheme provides financial support towards the cost of designated public and voluntary nursing homes and approved private nursing homes. The amount of your co-payment depends on the outcome of a financial assessment. The support remains available for as long as you remain in a nursing home and continue to qualify under the financial assessment.

Carer's Benefit includes a personal payment for you and extra amounts for any qualified children. It is paid for up to two years. You may claim it for an unbroken period or for separate periods adding up to the total period of entitlement. If you are caring for more than one person, you may be entitled to an extra 50% of the personal payment. Carer's Benefit is paid weekly directly into your bank or building society account (not a mortgage account).

Carer's Benefit, Carer's Allowance, Constant Attendance Allowance, Domiciliary Care Allowance and Respite Care Grant are paid directly to the carer and the amounts are not differentiated according to dependency levels. For the actual benefit amounts, please refer to the [MISSOC Tables](#), Table XII "Long-term Care", "Cash benefit, Amount".

How is long-term care accessed?

Under the Nursing Home Support Scheme, the Care Needs Assessment is carried out by a person or persons who, in the opinion of the Health Service Executive (HSE), are suitably qualified to make that assessment and prepare a report.

To access Carer's Benefit, Carer's Allowance, Constant Attendance Allowance and Respite Care Grant, the applicant must submit information from the care recipient's doctor as to the degree of care. This is reviewed by a Department of Social Protection medical assessor.

Annex: Useful addresses and websites

For social security issues concerning more than one EU country, you may search for a contact institution in Europe on the Institutions' directory maintained by the European Commission and available at: <http://ec.europa.eu/social-security-directory>

Department of Social Protection
Social Welfare Services Office
College Rd,
Sligo.
Tel.: (+353-71) 915 7100
E-mail: info@www.welfare.ie

A number of statutory agencies, listed below, operate under the aegis of the Department:

- The Citizens Information Board provides information, advice and advocacy services in relation to public and social services (web address: <http://www.citizensinformationboard.ie>);
- The Pensions Board is responsible for overseeing the implementation of the Pensions Act which concerns the regulation of occupational pensions and Personal Retirement Savings Accounts. The Board also advises the Minister in relation to pensions policy (web address: <http://www.pensionsboard.ie>);
- The Office of the Pensions Ombudsman investigates complaints of financial losses due to maladministration, disputes of fact or law, in relation to occupational pension schemes and Personal Retirement Savings Accounts. The Pensions Ombudsman is a statutory officer and exercises his functions independently (web address: <http://www.pensionsombudsman.ie>).
- Further information on the Department, visit <http://www.welfare.ie>

Department of Enterprise, Jobs and Innovation
Davitt House
65A Adelaide Road
Dublin 2

For further information on Carer's Benefit, contact the Employment Rights Information Unit at the Department of Enterprise, Trade and Employment on (+ 353-1) 631 3131. For further information on the law on Carer's Leave, visit the website of the Department of Enterprise, Trade and Employment: <http://www.entemp.ie>, or email info@entemp.ie

Department of Health
Hawkins House
Hawkins Street
Dublin 2
Tel.: (+353-1) 635 4000
E-mail: directly through the website <http://www.doh.ie>

Health Service Directorate
Dr Stevens Hospital
Dublin 8
Tel.: (+353-1) 635 4000
Website <http://www.hse.ie>

The Health Service Executive is divided into geographical regions with Local Health Offices having responsibility for health services in a particular area. These are listed at the following web address:
<http://www.hse.ie/eng/services/maps/map.html?showDoc=1&>