



Child Benefit for a Child aged 16, 17 or 18



- Please read information leaflet SW 42 before you complete this form.
- Please use BLOCK LETTERS and place a tick (✓) in the relevant boxes.
- Please answer ALL questions fully. Failure to answer questions could cause a delay in processing your claim.
- You should complete a separate claim form for each child.
- You MUST SIGN the Declaration at PART 4 of this form.
- Child Benefit stops when the child reaches age 19.

PART 1

Your Own Details

Please state:

Mr.
 Mrs.
 Miss
 Ms.
 Other _____
 Please specify.

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- Your Child Benefit Number
- Your Full Name
'Maiden Name' is your name before you married if you are a woman.

Last Name
First Name(s)
Maiden Name (if any)

- Where do you live?

Address

- Telephone Number if any
- Your PPS Number (Personal Public Service) same as RSI / tax number

Code	Local Number
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FIGURES						LETTER(S)	

- Are you?
'Cohabiting' means you live with a man or woman as husband or wife and you are not married to him/her.

<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated
<input type="checkbox"/> Cohabiting	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced

- Have you changed address recently?

YES NO

If YES please give your previous address here:

Other Address:

- What is your spouse/partner's PPS Number (if known)?

FIGURES						LETTER(S)	

Continued Overleaf

For Official Use Only

Payment of CB is:

() Allowed () Not Allowed because:

From:.....To:.....

Arrears From: To:

Schedule No.

DECIDING OFFICER'S SIGNATURE _____ DATE _____

PART 2

Details of Child

9. Please state Child's Full Name

First Name(s)

Last Name

10. What is his/her Date of Birth?

DAY

MTH

YR

11. How is s/he related to you?

For example, your son, daughter, niece, nephew, adopted/foster child etc.

12. Please give details of course s/he is doing:

Course Name

School/College Name

Student ID Number:

PART 3

Payment Details

13. Do you want to change the way we pay you your Child Benefit payment, or do you want to change any of the method of payment details you have given us already?

YES

NO

- If YES please give details at PART 7 overleaf.

PART 4

Declaration to be completed by YOU

I claim continuation of Child Benefit for the child named at PART 2 for the period certified at PART 5 or 6 (as appropriate) across.

I will tell the Department immediately and return the Child Benefit book (if appropriate) without cashing further orders if:

- the child leaves school/college before the date given by the School/College Principal at PART 5 (please note that the school/college may notify the Department if/when this occurs)
- the child is able to support him/herself before reaching age 19 or the date given by the Doctor at PART 6. **You MUST sign here**

YOUR SIGNATURE
OR MARK

DATE

(NOT block letters)

If the claimant is unable to sign, his/her mark should be made and witnessed. The witness should sign below:

SIGNATURE OF
WITNESS

DATE

(NOT block letters)

ADDRESS OF
WITNESS

WARNING: Penalty for false statement or withholding information: Fine or Imprisonment or both.

You **MUST** get the School/College or Doctor to complete PART 5 or 6 across



PART 5

School/College Details

This Section **MUST** be completed by your School/College if your Child is continuing in full-time education.

I certify that the child named at PART 2 is in full-time education at the school/college named below since:

(Both dates **MUST** be given) Date of Entry MTH YR and

is expected to continue until MTH YR

- **Two/Three year Certificates ARE acceptable.**

This child is in YEAR of a YEAR course.

(For and on behalf of the Principal)

SIGNED	DATE
TELEPHONE NUMBER	School/College Official Stamp
SCHOOL/COLLEGE	

PART 6

To be completed by a Registered Medical Doctor

This Section **MUST** be completed by a Registered Medical Doctor if your Child is physically or mentally disabled (please use **BLOCK** Letters and tick appropriate box).

I certify that the child named at PART 2 is suffering from:

and will not be able to support him/herself until:

1. s/he reaches age 19 OR 2.

GIVE DATE IF EARLIER THAN 1 ACROSS.

SIGNED (Registered Medical Doctor)	Doctor's Official Stamp
DATE	

This completed Claim Form should be sent to:

Child Benefit Section
Social Welfare Services Office
St. Oliver Plunkett Road
Letterkenny
Co. Donegal.

If you have any problem filling in this form, please contact us at the following telephone numbers or call to your local Social Welfare Office:

Telephone: Letterkenny (074) 25566
Dublin (01) 8748444

You have a choice as to how your Child Benefit payment is made. There are 3 different methods of payment:

1. Directly into a Bank Account or Building Society Account (NOT a mortgage account) - give details at 1 below
2. Directly into an An Post Savings Account - give details at 2 below
3. Book of Payable Orders which you cash at your local Post Office each month - give details at 3 below.

Each of them are explained in more detail in **information leaflet SW 42**. Please read this leaflet and then choose the one which suits you best and indicate **ONE** of the 3 payment methods below.

1. Direct to a Bank Account or Building Society Account

Where do you want your payment lodged?

into a Bank Account

into a Building Society Account

Bank/Building Society Name

Bank/Building Society Address

Whose name is the Account in?

Type of Account

Type of Account: You can use a Current or Deposit Account but you CANNOT use a Mortgage account to lodge your payment. Only ONE account can be used for the lodgement of ALL of your Child Benefit payment.

Account Number

Sort Code

- Payment is lodged to your account on the first Tuesday of every month.

2. Direct to an An Post Savings Account

If you wish to have your payment paid direct to ONE of the following An Post Special Savings Accounts:

1. Childcare SAVINGS Account
2. Childcare PLUS Account

please tick (✓) box here:

If you choose ONE of these accounts you can get an Application Form at your local Post Office or you can get one by contacting:

- **Your payment will be lodged to your account on the first Tuesday of every month.** Withdrawals from this type of account will need 7 days notice.

An Post, College House, Townsend Street, Dublin 2. Tel: (01) 7057189

Sort Code 9 0 8 9 4 0

FOR OFFICIAL USE ONLY

Account Number

→ We will arrange an Account Number for you.

3. For Payment at a Post Office using a book of Payable Orders

If you want to cash your payable orders at a Post Office state Post Office you want to use:

Post Office Name

Address

Data Protection and Freedom of Information

The Department of Social, Community and Family Affairs will treat all the information and personal data which you give as confidential. It will only be disclosed to other bodies in accordance with Social Welfare law and it will be subject to the Department's responsibilities under the Data Protection Act and the Freedom of Information Act.