

Part 4

Employee's details

16. Employee's PPS No.:

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17. Title: (insert an 'X' or specify)

Mr. Mrs. Ms. Other

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18. Surname:

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19. First name(s):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

20. Date of birth:

D	D	M	M	Y	Y	Y	Y		

21. Address:

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County:

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Postcode:

--	--	--	--	--	--	--	--

22. Telephone number:

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MOBILE

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LANDLINE

23. Reason for non-payment of statutory redundancy by employer:

<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Employer's inability to pay
<input type="checkbox"/> Death of Employer	<input type="checkbox"/> Liquidation
<input type="checkbox"/> Examinership	<input type="checkbox"/> Employer refused to pay
<input type="checkbox"/> Receivership	

24. Employment address:

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County:

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Country:

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Postcode:

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25. Job title:

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26. Weekly hours:

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 hours

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 mins

27. PRSI class:

Class A Class J Class M Other

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28. Gross weekly wage:

€

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(Only if aged over 66)

(state class)

29. Date of notice of termination:

D	D	M	M	Y	Y	Y	Y

30. Proposed date of termination:

D	D	M	M	Y	Y	Y	Y

Part 4 continued

Employee's details

31. Employment start date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y
				Y	Y

32. Employment end date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y
				Y	Y

33. If you have had any breaks in service in the three years before employment end date stated in Q.32, please state:

Break in service 1

From:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y
				Y	Y

To:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y
				Y	Y

Reason:

Break in service 2

From:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y
				Y	Y

To:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y
				Y	Y

Reason:

Break in service 3

From:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y
				Y	Y

To:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y
				Y	Y

Reason:

Break in service 4

From:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y
				Y	Y

To:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y
				Y	Y

Reason:

34. Number of years service:

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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35. Number of weeks due (including bonus week):

<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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36. Statutory entitlement: €

<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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Documentation required to accompany this application.

- **In all cases of liquidation, receivership, examinership & bankruptcy:**
A Statement of Affairs to confirm that the employer is unable to pay the statutory redundancy amount to this employee.
- **In all cases of liquidation, receivership, examinership & bankruptcy:**
Form E2/G1/G2/E8/E24/Court Order (as appropriate).
- **In all cases of liquidation, receivership & examinership:**
CRO Printout showing change of status in company from Normal to Liquidation/E8 Registered/Examinership (as appropriate).
- **In all other cases where the employer is unable to pay the statutory redundancy amount:**
Supporting financial documentary evidence from accountant or solicitor, e.g. Statement of Affairs/latest Company Accounts, to confirm that the employer is unable to pay the statutory redundancy amount to this employee.
- **If applicable:**
Copy of determination from Workplace Relations Commission.
- **If one or more transfers under the European Communities (Protection of Employees on Transfer of Undertakings) Regulations (TUPE) applies to this employee, please attach details of same.**
- **Does the period of employment include any periods where the employee was a participant on a Community Employment scheme? If so, please attach details of same.**

Note

If all required documentation is not submitted the claim cannot be processed and will be returned.

Send this completed application form to:

Redundancy and Insolvency Payments Section

Department of Employment Affairs and Social Protection

Ground Floor, Gandon House

Amiens Street

Dublin 1

D01 A361

Web: www.welfare.ie

Telephone: (01) 673 4500

LoCall: 1890 800 699

If you are calling from outside the Republic of Ireland please call + 353 1 673 4500

Note

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

For more information, visit www.welfare.ie.

If you have any difficulty in filling in this form, please contact the Redundancy and Insolvency Payments Section at the above address or phone number.

Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.welfare.ie/dataprotection or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.