

Retirement Form HR107(a) Completion Guide



Retirement Form HR107(a) v1.3 Completion Guide

This completion guide for the Retirement Form HR107(a) has been designed to streamline your retirement application process. Each question of the six pages of the Retirement Form HR107(a) is thoroughly explained to provide clarity. As you work through the form, you can refer to this guide for assistance in accurately completing each section.

Note to members of the Single Public Service Pension Scheme:

If you are resigning before your vested period of 24 months is complete and you have no previous public service benefits, there is no need to complete the HR107(a).

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General Guidelines



Before you begin completing the form, please take note of the following important guidelines:

To ensure clarity, use block capitals when completing this form.

Sample pages have been provided with a numbered identifier next to it for example **1** This number can then be used to find an explanation to the question being asked.

1

Question
Explanation



You can tick this checkbox when you have completed the question

It is essential that you sign and date all relevant sections and respond to every applicable question. Incomplete forms will be returned, which will cause delays in the processing of your pension benefits.

The specific pages requiring a signature and date are as follows:

- **Page 3** requires an employee declaration signature, a Line Manager's signature and a General Manager or Assistant National Director of HR or Regional Director of People signature.
- **Page 4** requires an employee section 51 declaration signature.
- **Page 5** requires an employee pension declaration signature.
- **Page 6** requires an employee pension declaration signature. In total, six signatures and dates are required.

To ensure the proper completion of this form, it is essential to collaborate with your Line Manager who will verify its accuracy.

Once the form is completed, your Line Manager will arrange for the General Manager or the Assistant National Director of HR or Regional Director of People signature to sign the appropriate section.

Please ensure that the completed Retirement Form HR 107(a) is submitted to your local pensions section no later than **3 months** before your retirement date. Failure to meet this deadline may result in a delay in processing your pension benefits.

1

<https://healthservice.hse.ie/staff/pensions/>

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HSE		Retirement Form – HR107 (a) v1.3																				
<p>Purpose: This form is to be used when you are retiring from the HSE and making application for payment of Pension Benefits. It is to be initiated by the employee. It is important that you complete this form correctly and forward it to your line manager.</p>																						
To Be Completed by Employee																						
Title	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Fr. <input type="checkbox"/> Sr. Please (✓) Tick one																					
First Name:	JOE						Surname:	BLOGGS														
Pension Start Date	0	2	0	1	2	0	2	2	Personnel Number	1	2	3	4	5	6	7	8					
Date Of Birth	0	1	0	1	1	9	6	2	PPS No.	1	2	3	4	5	6	7	A					
Gender	Male						<input checked="" type="checkbox"/>		Female						<input type="checkbox"/>							
Contract	Officer						<input type="checkbox"/>		Non Officer						<input checked="" type="checkbox"/>							
Former Health Board/ Area Name	HSE SOUTH																					
Service Area / Hospital Name	CORK UNIVERSITY HOSPITAL																					
Employed as / Grade	PORTER																					
Reason for Retirement																						
Reached Minimum Retirement Age	<input checked="" type="checkbox"/>						Reached Compulsory Retirement Age						<input type="checkbox"/>									
Permanent Infirmary	<input type="checkbox"/>						Job Sharing Retirement Initiative						<input type="checkbox"/>									
Cost Neutral Early Retirement	<input type="checkbox"/>						Early Retirement Scheme Nurses						<input type="checkbox"/>									
Correspondence Address (for receipt of written communications from the HSE & for using HSE Self-Service)																						
Street Address:	1 NEW STREET																					
Town/City	NEWTOWN																					
County	CORK						Postcode	A1 AB22			Country	IRELAND										
Phone No (Landline):	021 4800000						Mobile Phone No:	086 1111111														
Personal Email Address:	JOEBLOGGS@GMAIL.COM																					
Bank Details (confirm details of account you wish your benefits to be paid to)																						
Bank Name	NEW BANK						Bank Branch	MAIN STREET CORK														
IBAN No:	I	E	2	1	N	E	W	B	9	9	0	0	1	1	1	2	3	4	5	6	7	8
BIC	N	E	W	B	I	E	2	D	X	X	X	Name of Account:	JOE BLOGGS									
Please contact bank branch or review bank statements to obtain the above information. Failure to provide completed correct information may delay payment of your benefits.																						

Sample form





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Page 1

1

Title

Tick the appropriate title.

2

First Name/Surname

Enter your first name and surname.

3

Pension Start Date

Enter your pension start date. Ensure that this date accounts for any remaining annual leave, as all leave must be taken before your pension commences. Payment for annual leave owing is only available if you are retiring on the grounds of ill health. It is mandatory to include your retirement date on your form, as it is required to calculate your pension benefits.

4

Personnel Number

Enter your personnel number. This can be found on your payslip.

5

Date of Birth

Enter your date of birth.

6

PPSN

Enter your PPSN number. This can be found on your payslip.

7

Gender

Tick as appropriate.

8

Contract

For the contract type, please indicate whether you are an Officer or Non-Officer by ticking the appropriate box.

Examples of Officer Grades include nursing, clerical/administration, medical, dental and health & social care professionals.

Examples of Non-Officer Grades include Porters, Attendants, Healthcare Assistants, EMTs and maintenance staff.

3

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Page 1

9

Former Health Board / Area Name

Enter your HSE area, for example HSE South.

10

Service Area / Hospital Name

Enter your current workplace, for example Cork University Hospital.

11

Employed as / Grade

Enter your current role, for example Porter.



Reason for Retirement

Please note if you are applying for preserved benefit you can skip this section and continue to the correspondence section below.

12

Reached Minimum Retirement Age

If you started in public service employment before 01 April 2004 and you have not had a break in public service employment of 26 weeks or more since, the minimum retirement age is 60 years and the maximum retirement age is 70 years.

If you started in public service employment on or after 01 April 2004, for the first time, or after a break in service of 26 weeks or more, the minimum retirement age is 65 years and there is no maximum retirement age.

If you started on or after 01 January 2013 as a new entrant to the public service, or after a break of more than 26 weeks from previous public service employment, you are a member of the Single Public Service Pension Scheme. The minimum retirement age is in accordance with the contributory state pension age, which is currently 66 and the maximum retirement age is 70.

13

Reached Compulsory Retirement Age

Retirement upon reaching maximum retirement age. This is the mandatory retirement age of 70. If however you commenced in public service employment for the first time between 01 April 2004 and 31 December 2012 or after a break in service of 26 weeks or more, there is no maximum retirement age applicable in your case.

4

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<https://healthservice.hse.ie/staff/pensions/>



Minimum and Maximum ages for retirement

HSE Employee Superannuation Scheme (Old Entrant Scheme)

If you started in public service employment before 01 April 2004 and you have not had a break in public service employment of 26 weeks or more since, the minimum retirement age is 60 years and the maximum retirement age is 70 years.

Minimum Age

60

Maximum Age

70

HSE Employee Superannuation Scheme (New Entrant Scheme)

If you started in public service employment on or after 01 April 2004, for the first time, or after a break in service of 26 weeks or more, the minimum retirement age is 65 years and there is no maximum retirement age.

Minimum Age

65

Maximum Age



Single Public Service Pension Scheme

If you started on or after 01 January 2013 as a new entrant to the public service or after a break of more than 26 weeks from previous public service employment, you are a member of the Single Public Service Pension Scheme. The minimum retirement age is in accordance with the contributory state pension age which, is currently 66 and the maximum age retirement is 70.

Minimum Age

66

Maximum Age

70





14

Permanent Infirmity

If you wish to retire on the grounds of ill health, you must be referred by your Line Manager to your local Occupational Health Department for assessment. Your application will be reviewed by an occupational health doctor, who will require written medical evidence from your GP and/or treating Consultant in order to carry out an assessment. Following the assessment, if you meet the criteria to retire on the grounds of ill health, the Occupational Health Department will issue a report to management for approval, before your retirement on the grounds of ill health can be actioned.



15

Cost Neutral Early Retirement

Cost neutral early retirement allows eligible employees to retire with pension benefits from age 50 for non-new entrants, or from age 55 for new entrants and members of the Single Public Service Pension Scheme, subject to Line Manager approval. Under the cost neutral scheme, you can opt for early retirement with pension payments, though both your pension and lump sum will be actuarially reduced. This reduction reflects early access to your lump sum and the extended period over which your pension will be paid. If you choose the cost neutral scheme, in addition to the Retirement Form HR107(a) you must also complete the Cost Neutral Early Retirement Form.



16

Job Sharing Retirement Initiative

This was a scheme for nurses who were approved to work on a job sharing basis for 5 years before retirement and receive the benefit of 5 full years' pensionable service. Full service will be credited for the job share period where the employee complies with the terms of the scheme. Please note this only applies to nurses who applied and were approved for the scheme and is no longer open to new applications.



17

Early Retirement Scheme Nurses

This scheme enabled nurses aged 55 or over and who had 35 years or more pensionable service to retire and receive immediate payment of pension benefits without percentage reduction. Please note this only applies to nurses who applied and were approved for the scheme and is no longer open to new applications.





18

Correspondence Address

You are required to provide your contact details for written communication from the HSE. Please ensure that this information is accurate, as it is essential for receiving important updates such as annual pension declaration forms. Be sure to include an email address, as this is necessary to register you for online pay slips.



19

Bank Details

In this section you must provide the SEPA Reachable bank account details for the account where you would like your benefits to be paid. It is crucial that this section is filled out as clearly and accurately as possible to avoid any delays in processing your payments.

The single euro payments area or SEPA is a mechanism that facilitates the standardisation of electronic payments in euro across Europe. Under SEPA, all bank accounts must be identified by an international bank account number, known as IBAN and a bank identifier code known as a BIC. To make a payment into your account both the IBAN and BIC numbers must be used.



The Single Euro Payments Area (SEPA) is a mechanism that facilitates the standardisation of electronic payments denominated in euro across Europe. Under SEPA, all bank accounts must be identified by an International Bank Account Number (IBAN) and a Bank Identifier Code (BIC).

To make a payment, the International Bank Account Number (IBAN) must be used.

An example of an Irish IBAN

IBAN

BIC





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1



2

3

4

5

6

If Faxing, please ensure Employee's Name and Personnel Number are included on each page of the form

Name Personnel No.

Additional Personal Details

Marital Status Single Married Registered Civil Partnership Divorced Separated Widowed Other

If Other please Specify:

If you are widowed/divorced please provide death certificate/decre absolute.

Please specify Birth Name (Maiden Name) if applicable:

Spouses Name: Date of Marriage/Registered Civil Partnership

Dependent Children Details

Children (including adopted children) under age 22 and any Incapacitated/Child Dependents over 22 years of age

Children's Names	Date of Birth							
BILL BLOGGS	0	1	0	1	2	0	0	0

Third Party Payroll Deductions

The following deductions will be facilitated by the HSE National Pensions Payments office and deductions will be arranged by the HSE National Pensions Payments office accordingly. Please tick any deductions you currently have through your salary which you would like to continue from your pension.

VHI	<input checked="" type="checkbox"/>	123456
Hospital Saturday Fund	<input type="checkbox"/>	
New Ireland Assurance	<input type="checkbox"/>	
Irish Life Assurance	<input type="checkbox"/>	

The following deductions can be taken from your pension however you are required to contact the relevant companies directly once you receive your first pension payment quoting your new pension/personnel number from your pension payslip.

AXA insurance	Please call 1890 600 600
Health Service Staff Credit Union	Please call 1890 677 864
Laya Healthcare(New Group Number 24508)	Please call 1890 700 890
Aviva Healthcare	Please call Hennelly Finance 091-586500

The above third party companies are the only deductions which may be facilitated through your pension by HSE National Pensions Management. If you have a deduction currently taken from your payslip, which is not listed and you wish to continue paying after retirement please contact the appropriate organisation/company directly.

Sample form





1

Marital Status

Please indicate your marital status



The following documents will be required when submitting your HR107(a) to your pensions department:

- *Civil State Marriage Certificate (if applicable).
- *Registered Civil Partnership Certificate (if applicable).
- *Death Certificate of Spouse or Civil Partner (if applicable).
- Judicial Separation/Decree of divorce/Pension Adjustment Order (if applicable).

*You can request copies of certificates from lifeevents@hse.ie (In the case of marriage certificates, you can only request certificates for marriages that took place in the Irish state)

2

Specify you Birth Name (Maiden Name) if applicable

Enter name.

3

Spouses Name & Date of Marriage / Registered Civil Partnership

Enter your spouse's name and the date of marriage or registered civil partnership.

4

Dependant Children Details

Complete this section if you have any one of the following:

- Children under the age of 16.
- Children up to the age of 22 who are in full time education or apprenticeship.
- Adult dependent children who are unable to support themselves due to a medically certified permanent infirmity.





5

Third Party Deduction

The National Pensions Management can facilitate deductions from your pension to the following third-party companies:

- VHI
- Hospital Saturday Fund
- New Ireland Assurance
- Irish Life Assurance

Please ensure the company's policy number is included on the form.



6

Third Party Deduction

Additionally, deductions can be made from your pension to the following companies, but you must contact them directly after receiving your first pension payment. Be sure to quote your new pension or personnel number from your pension pay-slip.

AXA Insurance	1890 600 600
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Health Service Staff Credit Union	1890 677 864
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Laya Healthcare (New Group Number 24508)	1890 700 890
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Aviva Healthcare	091-586500
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If Faxing, please ensure Employee's Name and Personnel Number are included on each page of the form

Name Personnel No.

1 Employee Declaration

I declare that the above information is accurate and correct on the date indicated below. I undertake to notify the relevant authority of any changes to this information by completing the appropriate form.

Signature *Joe Bloggs* Date 0 1 0 9 2 0 2 1

2 To be completed by Line manager

Name (please Print): JANE DOE

Signature: *Jane Doe* Date: 0 5 0 9 2 0 2 1

Grade: PORTERING SERVICES MANAGER

Contact Tel No: 021 9876543 E-mail Address: JANE.DOE@HSE.IE

Decision Number (If Applicable): N/A

3 To be completed by General Manager/ Assistant National Director of HR

Name (please Print): ANN BARRY

Signature: *Ann Barry* Date: 1 0 0 9 2 0 2 1

Grade: GENERAL MANAGER

Contact Tel No: 085 3456789 E-mail Address: ANN.BARRY@HSE.IE

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Sample form





1

Employee Declaration

Employee signature.

2

To be Completed by the Line Manager

Line Manager signature.

3

**To be Completed by the General Manager / Assistant National Director of HR/
Regional Director of People**

General Manager or Assistant National Director of HR or Regional Director of People signature.



Before submitting the form to your local Pensions Department, your Line Manager must ensure that all sections of the form are fully completed and that the General Manager or Assistant National Director of HR or Regional Director of People has signed the relevant section.

If you are applying for **preserved benefits**, then no Line Manager, General Manager/ Assistant National Director of HR or Regional Director of People signatures are required and should be left blank. These sections will be completed by the pension's office.





If Faxing, please ensure Employee's Name and Personnel Number are included on each page of the form

Name _____ Personnel No. _____

Section 51 Pension Benefits Declaration

Declaration under Section 51 (Duty to make declarations etc.) of the Public Service Pensions (Single Scheme and Other Provisions) Act 2012.

To be completed by persons applying for a Public Service Pension Benefit.

Please note that your retirement benefits cannot be finalised and paid until a completed Declaration Form has been received.

Please indicate if any of the following apply (Specify Yes or No)

1) Are you in receipt of any Retirement Benefit(s) or any Preserved Pension / Lump Sum from any Irish Public Service Pension Scheme? YES

2) Are you entitled to receive any Retirement Benefit(s) or any Preserved Pension / Lump Sum from any Irish Public Service Pension Scheme? NO

If you have answered Yes to either (1) and/or (2) above, please complete details hereunder and furnish a copy of any supporting documentation which you have received from any previous Irish Public Service employers.

Irish Public Service Pension Benefit in Payment / Pension Benefit Entitlement other than the HSE benefit to which this HR107 application relates	Preserved Irish Public Service
Description (Benefit Type) <small>e.g. Current/Preserved Occupational Pension and/or Retirement Lump Sum</small>	CURRENT PENSION
Annual Gross Pension Value	€20,000
Annual Preserved Pension Value	€N/A
Paying Authority	IRISH DEFENCE FORCES

3) Are you in receipt of remuneration (earnings) from any other Irish Public Service Body apart from the HSE? NO

If you have answered Yes to (3) above, please complete details hereunder and furnish a copy of your contract of employment with the relevant Irish Public Service Body.

Remuneration (Earnings)	
Description (Contract Type)	N/A
Annual Gross Pay (Earnings)	N/A
Paying Authority (Per payslip)	N/A

I hereby declare that the information which I have provided above is complete and accurate.

Signed: Joe Bloggs

Name: JOE BLOGGS

PPS No.*: 1234567A

Date: 01/09/2021

*If you have more than one PPS Number, please provide all of your PPS Numbers. (Block Capitals)

Sample form





Employee Declaration

You must declare any pension benefits accrued under a public service pension scheme. This includes benefits that are either currently in payment or preserved, excluding the HSE pension that you are now applying for.

This information must be submitted to the HSE in compliance with Section 51 of the Public Service Pensions (Single Scheme and other Provisions) Act 2012.

You do not need to declare the Contributory State Pension formerly known as the Old Age Pension or Widow's Pension, if applicable.

1

If you answered 'yes' to question 1 or 2, fill in the required details in section 2

3

If you answered 'yes' to question 3, fill in the required details in section 4

5

If you answered 'yes' or 'no' to any questions, then you are still required to sign and complete this section. Failure to do so will result in the form being returned, which will delay the payment of your pension benefits.





If Faxing, please ensure Employee's Name and Personnel Number are included on each page of the form

Name _____ Personnel No. _____



Pensions Declaration Ref PD1

AS PROVIDED FOR UNDER SECTION 787R (4) OF THE TAXES CONSOLIDATION ACT 1997 (FOR THE PURPOSES OF DISCLOSING BENEFIT CRYSTALLISATION EVENTS OCCURRING PRIOR TO THE CIVIL SERVICE OR PUBLIC SERVICE PENSION ENTITLEMENT CURRENTLY BEING CLAIMED)

1	1. Did you become entitled, on or after 7th December 2005, to any pension, annuity, lump sum or any other pension related benefit, other than your pension entitlements under your Public Service Pension Scheme currently being claimed? (Please Tick as appropriate)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
2	2. Did you direct that a payment or transfer be made to an overseas pension arrangement?	YES <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3	3. Prior to, or on the date of your retirement from the Public Health Service or the date of commencement of pension payment, do you expect to become entitled to any pension, lump sum or any other pension related benefit (other than the benefits arising from this Public Health Service Pension Scheme)?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
4	4. Do you intend to direct that a payment or transfer be made to an overseas pension arrangement?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
5	5. If you have answered YES to any of the above questions, please (a) Input in ascending order the sequence in which payment of benefit in respect of each pension arrangement will occur for all Pension Benefit Arrangements AND (b) Complete the attached Form PD 1(a) (noting that a separate PD1(a) form must be completed for each separate pension Benefit		

Type of Pension Arrangement	Payment Sequence	Type of Pension Arrangement	Payment Sequence
HSE Occupational Pension Scheme	2		
Defined Benefit	1		
Defined Contribution			
AVC for purposes of supplementing retirement benefits			

6	6. Do you have a certificate from the Revenue Commissioners stating the amount of your Personal Fund Threshold (PFT) in accordance with section 787P of the Taxes Consolidation Act 1997? If 'Yes', please enclose a copy of the Certificate issued by the Revenue Commissioners	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
---	--	------------------------------	--



7	Employee Declaration
---	-----------------------------

I declare that the information provided by me in this form is complete and correct and hereby personally accept any tax liability that may arise due to my non-declaration/incorrect declaration of any pension benefits on this form.

Full Name (Block Capitals):	JOE BLOGGS	PPSN:	1234567A
Address:	1 NEW STREET, NEWTOWN, CORK		
Signature:	Joe Bloggs	Date:	0 1 0 9 2 0 2 1

Sample form

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Employee Declaration

The HSE is required to obtain information on any additional pension arrangements that you may have and which came into payment on or after the 07 December 2005 and prior to the drawdown of your HSE occupational pension.

You are required to provide details of any additional pension arrangements you have outside of the HSE. The most common type of private pension arrangement is an Additional Voluntary Contribution or AVC. You are not required to provide details of the Contributory State Pension paid by the Department of Social Protection.

1

Question 1

Have you received or are you receiving any pension-related payments since 07 December 2005? This excludes the HSE pension benefits for which you are currently applying for.

2

Question 2

Have you made a payment or transfer to an overseas pension scheme?

3

Question 3

Are you entitled to any pension related payments from a private pension arrangement or other public service bodies, outside of your HSE pension?

4

Question 4

Do you intend to make a payment or transfer to an overseas pension scheme?





5

Question 5

Rank your pension benefits which fell or fall due for payment between 07/12/2005 and up to and including the date of your retirement from the HSE in the order that they will become payable, for example, 1 for the pension you will receive first, 2 for the second, and so on. In cases where two or more pension benefits fall due on the same day, it is up to you to choose which comes into payment first, and you need to indicate which pension is paid first, second, etc.

6

Question 6

For high earners or those with multiple pension arrangements: If the capital value of your combined pensions benefits exceeds €2 million, you must provide a certificate from the Revenue Commissioners indicating your Personal Fund Threshold.

7



Question 7

Even if you do not have additional pension entitlements, you must still sign and complete the bottom section of this page. Failure to do so will result in the form being returned, which will delay the payment of your pension benefits.

You do not need to declare the Contributory State Pension formerly known as the Old Age Pension or the Widow's Pension, if applicable.





If Filing, please ensure Employee's Name and Personnel Number are included on each page of the form

Name: _____ Personnel No.: _____

Pensions Declaration Form Ref PD1(a)

AS PROVIDED FOR UNDER SECTION 787R (4) OF THE TAXES CONSOLIDATION ACT 1997 (FOR THE PURPOSES OF DISCLOSING BENEFIT CRYSTALLISATION EVENTS OCCURRING PRIOR TO THE CIVIL SERVICE OR PUBLIC SERVICE PENSION ENTITLEMENT CURRENTLY BEING CLAIMED)

Please use separate sheet for each Pension Arrangement (if applicable):

1	1. Type of Pension Arrangement <i>(A PD1(a) is not required for the HSE pension to which this HR107 application relates)</i>	<input checked="" type="checkbox"/> Defined Benefit Defined Contribution <input type="checkbox"/> Additional Voluntary Contributions for Purposes of supplementing retirement benefits <input type="checkbox"/> Retirement Annuity Contract <input type="checkbox"/> Personal Retirement Savings Account (PRSA) Overseas Pensions Arrangement <input type="checkbox"/> Other Please Specify: _____
2	2. Name of Scheme Provider:	DEPARTMENT OF DEFENCE
3	3. Contact Details for Scheme Administrator:	021 1112233
4	4. Policy or Reference Number:	9876543
5	5. Date of Entitlement to Benefits:	DD/MM/YYYY 0 1 0 2 2 0 0 6
6	6. Amount of any transfer payment to an Overseas Arrangement & Contact Details for the Receiving Pension Arrangement	€ N/A Contract: _____
7	7. If a DEFINED CONTRIBUTION/AVC/PRSA arrangement, the value of the fund on the date of benefit entitlement	€ N/A
8	8. If a DEFINED BENEFIT arrangement, the a) Amount of Annual Pension b) Amount of any Lump Sum c) Factor used for calculating the capital value of the pension d) The Amount or Market Value of any assets transferred by exercise of 'ARF/PRSA Option'	€ €20,000 € €45,000 _____ € _____
9	9. May we contact the scheme administrator(s) on your behalf for the purposes of clarifying if necessary, any aspect of the information provided by you under this declaration?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
10	<i>You should note that there is provision in the legislation that, where the capital value of an individual's pension benefits exceeds the Standard Fund Threshold/PFT, tax due on any chargeable excess may be deducted from the individual's lump sum or ongoing pension.</i>	
Employee Declaration		
I declare that the information provided by me in this form is complete and correct and hereby personally accept any tax liability that may arise due to my non-declaration/incorrect declaration of any pension benefits on this form.		
Full Name: (Block Capitals) JOE BLOGGS		PPS No: 1234567A
Address: 1 NEW STREET, NEWTOWN, CORK		
Signature: Joe Bloggs		Date: 0 1 0 9 2 0 2 1

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Sample form





If you have answered 'no' to questions 1 to 4 on page 5 and you have confirmed that you do not have any additional pension arrangements or you have answered yes, but the additional pensions arrangements that fall due for payment are after your HSE occupational pension scheme, draw a line through this page and add N/A.

If you answered 'yes,' to any of questions 1 to 4 on page 5 and the additional pension arrangements due for payment are before your HSE occupational pension scheme, please review and answer the questions below. If you have multiple pensions arrangements to declare you can create multiple copies of page 6 and provide details of each arrangement separately.

1

Question 1

Provide details about the type of additional pension arrangements you have. You can obtain this information from your additional pension arrangement provider.

2

Question 2

Enter the name of your additional pension arrangement provider.

3

Question 3

Enter the contact details of your additional pension arrangement provider.

4

Question 4

Enter your additional pension arrangement provider's policy or reference number.

5

Question 5

Indicate the date you become entitled to payment from your additional pension arrangements. For AVC cases, this is usually the date of retirement from the employment associated to the pension arrangement.





6

Question 6

Question 6. This question applies only if you have paid or transferred funds to an overseas pension arrangement. If applicable, enter the amount. If not, write N/A.

7

Question 7

This question applies only if the payment is for a defined contribution pension scheme, an AVC, or PRSA. If applicable, enter the amount. If not, write N/A.

8

Question 8

This question applies only if the payment is for a defined benefit pension scheme. If applicable, enter the amounts into boxes 8a and 8b. For question 8c you should contact your pension scheme administrator for the factor used.

If the above is not applicable, write N/A in boxes a, b, c and d.

9

Question 9

Indicate if you wish to grant the HSE permission to contact your pension provider for further information about your private pension arrangement.

10

Employee Declaration

This is your final signature. Even if you do not have additional pension entitlements, you must still sign and complete the bottom section of this page. Failure to do so will result in the form being returned, which will delay the payment of your pension benefits.





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Checklist

Before submitting your Retirement Form HR107(a) please use this checklist to ensure that you have completed the form correctly:

Page 1

- Entered your retirement date.
- Entered all of your personal information.
- Ticked the reason for your retirement.
- Provided your bank details.
- Included a personal email address.

Page 2

- Marital status indicated.
- Listed any dependent children (if applicable).
- Included any relevant third party deductions (if applicable).

Page 3

- You have signed the employee declaration.
- Obtained a signature from your Line Manager.
- Obtained a signature from your General Manager or Assistant National Director of HR.

Pages 4, 5 and 6

- Check that you have filled out all sections regarding additional pension entitlements (if applicable).
- Signed and completed each page (even if no additional pension entitlement applies).
- All necessary certificates required by the pensions department have been included.





Retirement Form HR107(a) v1.3 Completion Guide

Resources

HSE Pension Website

<https://healthservice.hse.ie/staff/pensions/>



Single Public Service Pension Scheme

<https://singlepensionscheme.gov.ie/for-members/>



Grade Statement

https://assets.hse.ie/media/documents/Grade_statements_2025.pdf



HSE Employee Superannuation Member Pension – Online estimate tool

<https://nss.hse.ie/PensionsEstimator/modellers.asp>



Pension Benefit Estimate Form

<https://healthservice.hse.ie/staff/pensions/getting-an-estimate/>



Leaving form HR106 and Retirement Form HR107(a)

<https://healthservice.hse.ie/staff/pensions/retirement-planning/#how-to-apply-for-your-pension>





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Resources

Life Events

<http://lifeevents.hse.ie/>



Change of Personal Details Form HR104

<https://healthservice.hse.ie/staff/pensions/pension-schemes/>



Revenue

www.revenue.ie



Department of Social Protection

www.gov.ie



Cornmarket

www.cornmarket.ie



New Ireland Assurance

www.newireland.ie





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Contacts

Any queries regarding your pension benefits, contact your local Pensions Department by email at the relevant address below:

South East (Carlow, Kilkenny, Waterford, Wexford, South Tipperary):	PensionSouthEast@hse.ie
North East (Cavan, Louth, Meath, Monaghan):	Pensions.DNE@hse.ie
South West (Cork, Kerry):	Pensions.South@hse.ie
Dublin (CHO areas 6, 7 and 9, Kildare and West Wicklow CHO area 7, Wicklow CHO area 6):	Superann@hse.ie
West (Galway, Mayo, Roscommon):	Pensions.West@hse.ie
Midlands (Laois, Offaly, Longford, Westmeath):	Pensions.Tullamore@hse.ie
Mid-West (Limerick, Clare, North Tipperary):	Pensions.Limerick@hse.ie
North West (Sligo, Leitrim, Donegal):	service.verification@hse.ie

When your pension benefits are in payment, if you have any queries in relation to your tax credits, voluntary deductions, e.g. VHI, AXA, Irish Life, etc., or your online pension payslips, contact the National Pensions Management Unit by email at: **Pensions@hse.ie** or by post at: National Pensions Management Unit, Áras Sláinte Chluainín, Manorhamilton, Co. Leitrim, F91 AP57





PENSIONS 1

MADE 2

SIMPLE 3

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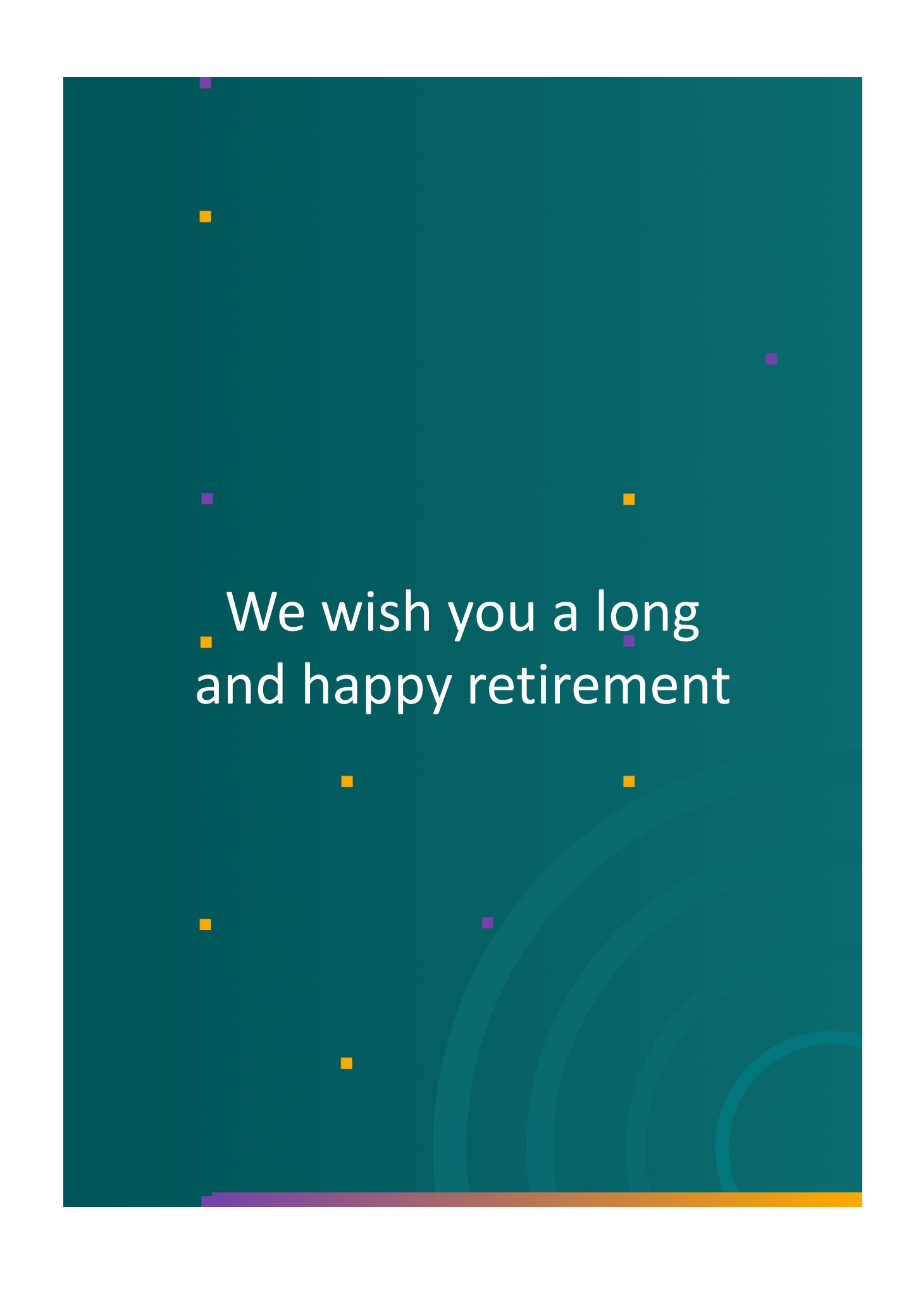


<https://healthservice.hse.ie/staff/pensions/>

Pensions explained. Simply and clearly.

or scan me



The image features a solid teal background. Scattered across the background are several small squares in purple and orange. In the bottom right corner, there are several overlapping, semi-transparent teal circles of varying sizes. At the very bottom, there is a horizontal bar with a purple-to-orange gradient.

We wish you a long
and happy retirement