

Completed Sample Retirement Form HR107(a)

- Please use this completed sample form as a guide when completing your Retirement Form HR107(a)
- Please use **BLOCK CAPITALS**
- It is **MANDATORY** for **YOU** to **sign and date pages 3, 4, 5 and 6** of the form
- Please answer all sections that apply to you. In this completed sample form, the employee is a Porter who has an AVC and is in receipt of a pension from the Irish Defence Forces
- **An incomplete form will be returned to you**, resulting in a delay in the processing of your pension benefits

Important:

Please ensure that you complete this form in conjunction with your line manager who will check the form is completed correctly. They will request that the General Manager/Assistant National Director of HR signs the relevant section of the form. Your completed Retirement Form HR107(a) must be returned to your local Pensions Section **at least 30 days prior to your retirement date.**

Failure to do so will result in a delay in the calculation of your pension benefits and thus a delay in you receiving your pension payments.

Please remember that the following pages MUST be signed:

- Employee Declaration: Page 3
- Line Manager Signature: Page 3
- General Manager or Assistant National Director of HR Signature: Page 3
- Section 51 Declaration: Page 4
- PD1 Declaration: Page 5
- PD1(a) Declaration: Page 6

In cases where the Retirement Form HR107(a) is not completed in full, it will be returned to you

Instructions on Completing the Retirement Form HR107(a)

Page 1:

Personal Details: For example, your name, address, date of birth, PPS number, etc.

- **Pension Start Date:** This is the **NEXT DAY AFTER** your last service day. This date must take into account any annual leave owed to you. It is mandatory to include this date on your form, as your pension benefits cannot be calculated without this date.
- **Contract: Officer or Non-Officer:** Examples of Officer grades include nursing, clerical/admin, medical/dental, health & social care professionals. Examples of Non-Officer grades include Porters, Attendants, Healthcare Assistants, EMT's, maintenance staff, etc.

- **Reason for Retirement:**

Reached Minimum Retirement Age: This is from age 60 / 65 for pre existing scheme members and 66 for single scheme members. i.e. depending on the date you commenced employment in the Public Service, up to the day before you reach your maximum retirement age

Reached Maximum Retirement Age: This is the date on which it is compulsory for you to retire, i.e. age 70. If you commenced employment in the Public Service on or after 1.4.2004 to 31.12.2012 inclusive, then there is no maximum retirement age in your case

Permanent Infirmary: Retirement on these grounds must be recommended by the Occupational Health (OH) Department and the date of retirement and pension start date are based on the date of the OH Report in this case. The Retirement Form HR107(a) cannot be completed until after the OH Report has been issued, recommending retirement on the grounds of permanent infirmity

Cost Neutral Early Retirement: As well as completing the Retirement Form HR107(a) in this case, you are required to complete the Cost Neutral Early Retirement Form. If you are a member of the Single Public Service Pension Scheme (SPSPS), there is no requirement to complete the Cost Neutral Early Retirement Scheme Form.

- **Personal Email Address:** This is required in order to register you for online pay-slips
- **Bank Details:** Please ensure that your IBAN is correct and legible

Page 2:

Marital Status: Select the option relevant in your case. Please note you are required to submit the required documentation if you ticked one of the following options:

- **Married:** A copy of your **civil** marriage certificate (not church certificate)
- **Registered Civil Partnership:** A copy of your Civil Partnership certificate
- **Widowed:** Your spouse's/civil partner's original death certificate

You can obtain a copy of the above certificates from your local Registration Office, which are listed on <https://www2.hse.ie/services/births-deaths-and-marriages/contact-a-civil-registration-service.html>

- **Judicial Separation:** A certified copy of your judicial separation agreement & Pension Adjustment Order, if one is in place
- **Divorced:** A copy of the Decree of Divorce & Pension Adjustment Order, if one is in place

Dependent Children Details: Please complete this section if you have a child/children under age 22 & in full-time education or in an apprenticeship. This section should also be completed in the case of an adult dependent child age 22 & over

Third Party Payroll Deductions: If applicable in your case, please include your policy number(s) opposite the relevant company/companies. If you have any other 3rd party deductions currently being deducted from your salary other than those listed on the Retirement Form HR107(a), you will need to contact those companies directly in order to ensure continuity of payments after you receive your final salary payment.

Page 3:

Please ensure that **ALL SECTIONS** of this page are completed in full & that signatures are legible.

- **Employee Declaration:** It is **MANDATORY** that you sign & date the Employee Declaration. Failure to do so will result in your form being returned to you, which will delay the processing & payment of your pension benefits.
- **Line Manager & General Manager or Assistant National Director of HR Signatures:** Your Line Manager should ensure that both of these sections are completed before the form is submitted to Pensions.

Page 4:

Section 51 Declaration: This page is requesting details of any other Irish Public or Civil Service Occupational Pension entitlement(s) outside of the HSE pension that you are applying for. You **do not** need to declare the State Pension (formerly known as the Old Age Pension) or Widow's Pension, if in receipt of either. The HSE is legally required under Section 51 of the Public Service Pensions Act 2012 to obtain this information.

- If you answer YES to any of the questions listed, please complete the details requested, then **sign & date** the bottom section of that page. Failure to do so will result in the form being returned to you and will delay the processing & payment of your pension benefits.
- If you have answered NO to all three questions listed on this page, it is still **MANDATORY for YOU to sign & date** the end section of that page.

Page 5:

PD1 Declaration: This page is requesting details of any private or occupational pension plans that you may have outside of the HSE. The HSE is legally required under Section 787R (4) of the Taxes Consolidation Act 1997 to obtain this information. Please note that it is **MANDATORY for YOU to sign & date** the end section of that page.

Q1: Have you received or are you currently in receipt of any pension related payment since 7th December 2005, other than the HSE pension benefits you are currently applying for?

Q2: Have you made a payment or transfer to an overseas pension scheme?

Q3: Are you due to receive any pension related payment from a private or occupational pension plan outside of the Irish Public Service e.g. an AVC?

Q4: Do you intend to make a payment or transfer to an overseas pension scheme?

Q5: Rank your pension benefits in the order that they become payable i.e. whatever pension you will receive first, rank that as number 1. Whichever pension you will receive next, rank that as number 2 & so on

Q6: This normally applies to high earners or those with a number of additional pension arrangements. If there is a possibility that the capital value of your combined pension benefits may exceed the specified threshold of €2 million, you will need to submit a certificate from the Revenue Commissioners stating the amount of your Personal Fund Threshold

Page 6:

PD1(a) Declaration: If you have answered 'No' to Qs 1-4 on Page 5 of the form & have confirmed that you do not have any private pension plan(s), please put a line through this page. Please note, it is still **MANDATORY for YOU to sign & date** the end section of that page, **irrespective of whether you have additional pension entitlements or not**

Q1: This is asking you about the type of additional pension plan you may have. This information will be available from your private pension plan provider

Q2: Please enter the name of your private pension plan provider

Q3: Please complete the contact details of your private pension plan provider

Q4: Please complete your policy or reference number in respect of your private pension plan

Q5: This is asking for the date that you will become entitled to payment of your private pension plan. In most AVC cases for example, this is normally the date of retirement

Q6: This is only applicable if you have paid or transferred an amount to an overseas pension arrangement. Please input the amount here if you have. If not, please write N/A

Q7: This is only applicable if the payment is in respect of a defined contribution pension scheme, an AVC or PRSA. Please input the amount here if this is the case. If not, please write N/A

Q8: This is only applicable if the payment is in respect of a defined benefit pension scheme. Please input the amount here if this is the case. If not, please write N/A

Q9: This is a decision for you to make, i.e. whether or not you wish to give the HSE permission to contact your pension provider if any further information is required in relation to your private pension plan(s)



Féidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Retirement Form – HR107 (a) v1.3

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.

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		
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 and for using HSE Self Service)

Street Address:	1 NEW STREET		
Town/City	NEWTOWN		
County	CORK	Postcode	A1 AB22
		Country	IRELAND
Phone No (Landline):	021 4810000	Mobile Phone No:	086 111111
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.

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/decrece absolute.

Please specify Birth Name (Maiden Name) if applicable:

Spouses Name: **JANE BLOGGS** Date of Marriage/Registered Civil Partnership **3 0 1 2 1 9 9 6**

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.

<input checked="" type="checkbox"/> VHI	You must supply your VHI policy number: 123456
<input type="checkbox"/> Hospital Saturday Fund	
<input type="checkbox"/> New Ireland Assurance	
<input type="checkbox"/> Irish Life Assurance	

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 Heathcare	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.

If Faxing, please ensure Employee's Name and Personnel Number are included on each page of the form
Name _____ Personnel No. _____

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 1 1 2 0 2 1

To be completed by Line manager

Name (please Print): **JANE DOE**

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

Grade: **SENIOR EXECUTIVE OFFICER**

Contact Tel No: **021 9876543**

E-mail Address: **JANE.DOE@HSE.IE**

Decision Number (If Applicable): **N/A**

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

Name (please Print): **ANN BARRY**

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

Grade: **GENERAL MANAGER**

Contact Tel No: **085 3456789**

E-mail Address: **ANN.BARRY@HSE.IE**



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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 / Preserved Irish Public Service Pension Benefit Entitlement other than the HSE benefit to which this HR107 application relates	
Description (Benefit Type) e.g. Current/Preserved Occupational Pension and/or Retirement Lump Sum	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
(Block Capitals)

PPS No:* 1234567A

Date: 01/11/2022

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

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. 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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. 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. 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. 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	1	Retirement Annuity Contract	
Defined Benefit		Personal Retirement Savings Account	
Defined Contribution		Other: Please Specify	
AVC for purposes of supplementing retirement benefits	2		

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"/>
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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: <i>Joe Bloggs</i>	Date: 0 1 1 1 2 0 2 1

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):

<p>1. Type of Pension Arrangement</p> <p><i>(A PD1(a) is not required for the HSE pension to which this HR107 application relates)</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td>Defined Benefit</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Defined Contribution</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Additional Voluntary Contributions for Purposes of supplementing retirement benefits</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Retirement Annuity Contract</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Personal Retirement Savings Account (PRSA)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Overseas Pensions Arrangement</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other</td> </tr> <tr> <td colspan="2">Please Specify: _____</td> </tr> </table>	<input type="checkbox"/>	Defined Benefit	<input type="checkbox"/>	Defined Contribution	<input checked="" 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)	<input type="checkbox"/>	Overseas Pensions Arrangement	<input type="checkbox"/>	Other	Please Specify: _____	
<input type="checkbox"/>	Defined Benefit																
<input type="checkbox"/>	Defined Contribution																
<input checked="" 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)																
<input type="checkbox"/>	Overseas Pensions Arrangement																
<input type="checkbox"/>	Other																
Please Specify: _____																	
2. Name of Scheme Provider:	CORNMARKET																
3. Contact Details for Scheme Administrator:	021 4800000 JOHN MURPHY																
4. Policy or Reference Number:	9876543																
5. Date of Entitlement to Benefits:	DD/MM/YYYY 0 2 0 1 2 0 2 2																
6. Amount of any transfer payment to an Overseas Arrangement & Contact Details for the Receiving Pension Arrangement	€ <u>N/A</u> Contract _____																
7. If a DEFINED CONTRIBUTION/AVC/PRSA arrangement, the value of the fund on the date of benefit entitlement	€ <u>25,000</u>																
8. If a DEFINED BENEFIT arrangement, the																	
a) Amount of Annual Pension	€ <u>N/A</u>																
b) Amount of any Lump Sum	€ <u>N/A</u>																
c) Factor used for calculating the capital value of the pension	<u>N/A</u>																
d) The Amount or Market Value of any assets transferred by exercise of 'ARF/PRSA Option'	€ <u>N/A</u>																
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																
<p>You should note that 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.</p>																	
<p>Employee Declaration</p>																	
<p>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.</p>																	
<p>Full Name: (Block Capitals) JOE BLOGGS</p>	<p>PPS No: 1234567A</p>																
<p>Address: 1 NEW STREET, NEWTOWN, CORK</p>																	
<p>Signature: <i>Joe Bloggs</i></p>	<p>Date: 0 1 1 1 2 0 2 1</p>																

PLEASE COMPLETE THIS CHECKLIST:

Have you entered your retirement date on Page 1?

Have you completed all your personal details on Page 1?

Have you ticked the reason for your retirement on Page 1?

Have you completed your bank details on Page 1?

Have you completed your marital status on Page 2?

Have you completed your dependent child/children details on Page 2, if applicable?

Have you completed the third party deductions relevant to you on Page 2, if applicable?

Have you signed the Employee Declaration on Page 3?

Has your Line Manager signed and completed their details on Page 3?

Has your General Manager or Assistant National Director of HR signed and completed their details on Page 3?

Have you completed the sections on Pages 4, 5 and 6 in relation to any additional pension entitlements that may be applicable to you?

Have you signed and dated Pages 4, 5 and 6, irrespective of whether you have any additional pension entitlements or not?

Have you included any relevant certificates required by the Pensions Section?

When you have completed the above checklist, confirming that you have filled in all sections of the form, please send your completed Retirement Form HR107(a) to your local Pensions Section **at least 30 days prior to your retirement date**