Application form for Employee

Social Welfare Services PRSI REF 1 Data Classification R

Refund of PRSI contributions

What is a PRSI Refund?

A Pay Related Social Insurance (PRSI) refund can be applied for where the wrong PRSI rate has been paid from your wages or income.

Applications can be made for the last four complete tax years.

Who can apply for a PRSI Refund?

You may be entitled to a PRSI refund if:	Please complete
You are over 66 and have paid PRSI on your wages	Parts 1 and 2
You are under 16 and have paid PRSI on your wages	Parts 1 and 2
You are Self-employed (Company Director/ Sole Trader/ Partnership) who paid class A contributions	Parts 1 and 2
You are a Civil Servant who paid Class A instead of B/C/D	Parts 1 and 2
You paid maintenance to a spouse / civil partner	Parts 1, 2 and 3
You are a holder of an E101/A1/Certificate of Coverage/Exemption Certificate *See Part 5 checklist	Parts 1, 2 and 5
You have no Contract of Service	Parts 1 and 2
You worked in a Subsidiary Employment - A permanent civil/public servant recruited before 6 April 1995 who paid full PRSI in another employment	Parts 1 and 2
You were in receipt of: — Maternity Benefit, — Adoptive Benefit, — Paternity Benefit, — Parent's Benefit, — Illness Benefit, — Occupational Injuries Benefit, or — Health and Safety Benefit	Parts 1, 2 and 4 Your employer should complete Question 15.

How will I be paid?

Any refund due will be paid into your bank account by Electronic Fund Transfer (EFT).

How to complete this application form

- You can only apply for one type of refund per form. Incomplete forms will be returned and this will delay your application.
- When the form is completed, read Part 5 and sign the declaration in Part 1.
 If you need any help to complete this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

For more information please visit www.gov.ie

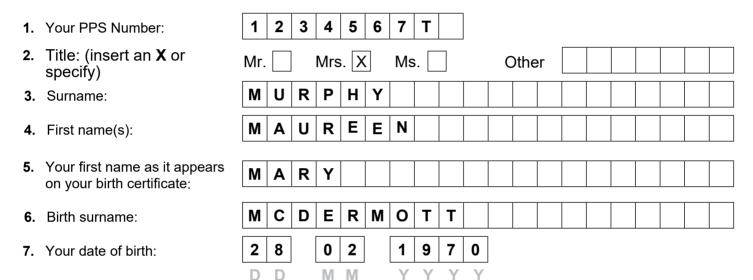
How to fill this form

- You need a Personal Public Service Number (PPS Number) before you apply.
- Please use this page as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions** that apply to you.

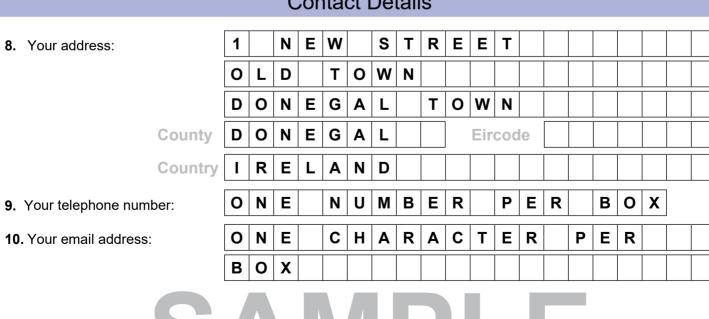
To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.



Contact Details



Application form for Employee Refund of PRSI contributions



Part 1	Your	own	deta	ils								
1. Your PPS Number:												
Title: (insert an X or specify)	Mr.	Mrs.	Ms	i. 🗌		Othe	er					
3. Surname:												
4. First name(s):												
5. Your first name as it appears on your birth certificate:												
6. Birth surname:												
7. Your date of birth:												
	D D	M M	Υ	YY	Υ							
		Contac	ct De	tails								
8. Your address:												
County					E	Eirco	de					
Country												
9. Your telephone number:												
10. Your email address:												
		_										
			aratio							, ,		
I declare that the information g any of the information I provide that I will be required to repay a prosecuted. I undertake to imr which may affect my continued	e is untrue any paym mediately	or misle ent I rece advise th	ading eive fro	or if I fa om the I	il to d Depar	isclo tme	se ar	ny relo d that	evant I ma	infor	matior	n,
				Date:	П	D	IVI	M	2	0	/ Y	
Signature (not block letters)							141	141				

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both

Your own details

11. Why do you think you may quality in	or a relund? Place X in only one box.
	Of pensionable age
	Self-employed (Company Director/Sole Trader/Partnership) who paid Class A contributions
	Civil/public servant who paid Class A instead of Class B/C/D
	Paid PRSI on full salary while getting Illness Benefit
	Paid PRSI on full salary while getting Maternity/Adoptive Benefit
	Paid PRSI on full salary while getting Paternity Benefit
	Paid PRSI on full salary while getting Parent's Benefit
	Paid maintenance to spouse/civil partner
	Holder of E101/A1/Certificate of Coverage/Exemption Certificat *See Part 5 checklist
	Under 16
	No Contract of Service
	Subsidary Employment- A permanent civil/public servant recruited before 6 April 1995 who paid full PRSI in another employment
	Other reason – please give details below:
12. A refund may be claimed for a mini	mum of one year to a maximum of four years prior to the current year.
For what year(s) are you applying for the material for the material particular refund and you will need	nost recent year is not available to us, we will not be able to process that
2	0
2	0
2	0
2	0

Your payment details

Please provide your current, deposit or savings account details for payment. The account must be in your name or jointly held by you.

		ŀ	-ın	an	cia	ıl Ir	nst	Itui	tior	1										
You will find the following deta	ils p	rinte	ed o	on s	tate	eme	ents	fror	m y	our	fina	anci	al ir	stit	utio	n.				
Name of financial institution:																				
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):																				
Name(s) of account holder(s): Name 1:																				
Name 2 (if any):																				
 Please note that the following will be deducted from your refund before payment issues: Any debt you may owe to the Department. Any benefit payment which was paid on the basis of an incorrect class of PRSI. 																				
Part 3		ec	_		-		ng	m	aır	nte	ena	ano	ce	το	a	sp	οι	ISE	9 0	r
13. Tax year(s) of payment:	2 2 2 2	0 0 0 0	Y	Y					A ♦ ♦ ♦ ♦		unt	of n],[],[],[nain	tena	ince	pa	id:			
For each year you should at A statement of Liability from or Acknowledgement of Incompared Self-Assessment as reco	om t	he l	Rev ax	venu Ret	ue C	om	ımis	ssio	ner	s, fo	orm	erly	/ kn					•		

Part 4

People on a full salary while getting Maternity / Adoptive / Paternity / Parent's / Illness Benefit, Occupational Injuries or Health and Safety Benefit

14. Which of the following is relevant to you? Place X in one box.	
Maternity Benefit	
Adoptive Benefit	
Paternity Benefit	
Parent's Benefit	
Illness Benefit	
Occupational Injuries Benefit	
Health and Safety Benefit	
14a. When did you receive the above Benefit?	
From:	
To:	
D D M M Y Y Y Y	
14b. How much of the above Benefit did you receive?	
€ a week	
15. Please have your employer confirm these details below.	
I (employer) confirm that I received a total of €,	in Maternity / Adoptive / h and Safety Benefit payment for
(a) I deducted full PRSI and continued to pay their full salary.	
or	
(b) I deducted PRSI from their salary less the amount of Maternity / Adopt Benefit, Occupational Injuries and/or Health and Safety Benefit.	ive / Paternity / Parent's / Illness
	Employer's official stamp
Signature of Employer (not block letters)	

Part 5

Checklist

For a holder of E101/A1/ Certificate of Coverage/ Exemption Certificate:

- Persons issued with an E101 Certificate / A1 Portable Document as migrant workers within the EU or non-EU nationals on temporary assignment to Ireland may be exempt from paying PRSI contributions.
- Persons issued with a Certificate of Coverage from a country with which Ireland has a bi-lateral Social Security Agreement on temporary assignment to Ireland may be exempt from paying PRSI contributions.
- Persons issued with a PRSI Exemption Certificate from Special Collections Section may be exempt from paying PRSI contributions.

Have you enclosed the following?
Your E101/A1, if relevant. Your Certificate of Coverage, if relevant. Your Exemption Certificate, if relevant.
For customers who have paid maintenance to a spouse/civil partner?
A statement of Liability from the Revenue Commissioners, formerly known as a P21.
or Acknowledgment of Income Tax Return.
or ROS Self-Assessment Statement.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

Send this completed application form to:

PRSI Refund Section

Department of Social Protection Gandon House Amiens Street Dublin 1 D01 A361

Telephone: (01) 673 2586

Email: PRSIRefunds@welfare.ie

If you are calling from outside the Republic of Ireland please call + 353 1 673 2586

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or in hard copy.

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

Edition: November 2020