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| **Resource Toolkit** | Single Scheme Administration Project – Leaver Resources (Phase 1) |
| **Resource Name** | Template Form – Refund of Contributions member application |
| **Resource Reference** | **SPS.LVR.TF.01 (Phase 1)** |
| **Description** | Refund of Contributions application form can be completed by member and submitted to employer where not-vested and not taking up employment with a new public service employer. |
| **Version** | V1.0 |

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| **PLEASE NOTE:** Administratorsmay accesslegislation, Circulars or Letters to Personnel Officers noted in this Procedure by accessing the Circulars & Legislation Section of the Single Scheme Website at [www.singlepensionscheme.ie/circulars](http://www.singlepensionscheme.ie/circulars)  **IMPORTANT:** This process does not apply to individuals availing of an unpaid leave of absence, a career break or any form of unpaid statutory protected leave such as unpaid maternity leave, unpaid parental leave, etc. |

**Single Public Service Pension Scheme**

**Application for a Refund of Member Pension Contributions**

**<<Insert Relevant Authority Name>**

**About this Form:**

This form can be used by a former member of the Single Public Service Pension Scheme to claim a refund of their pension contribution on cessation of their employment with <<Insert Relevant Authority Name>> if:

1. It has been confirmed that the member has no entitlement to a long-term retirement benefit because they have paid contributions for less than 2 years as a member of the Scheme; **and**

2. The member is not taking up pensionable employment in another Public Service Body to which the terms of the Single Public Service Pension Scheme apply.

If you do not meet the above criteria, or if you are unsure as to whether or not you should complete this Form, you should contact the Pensions Officer in <<Insert Relevant Authority Name>>

I wish to apply for a refund of the member pension contributions paid by me via the payroll of <<Insert Relevant Authority Name>> during the period <<insert pensionable start date dd/mm/yyyy>> to <<insert pensionable end date dd/mm/yyyy>>.

**Name:** <<Forename>><<Surname>>

**PPSN:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Mobile number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I declare:

1. I have been a member of the Single Public Service Pension Scheme under all employments, for which contributions were not previously repaid, for less than 24 months in total.
2. I am not presently employed in a pensionable position with another Public Service Body to which the terms of the Single Public Service Pension Scheme may apply.

In making this application, I note:

1. That payment will be made by cheque to the address noted above / by electronic fund transfer to the Irish Bank Account to which my salary from <<Insert Relevant Authority Name>> was last paid, as recorded on <<Insert Relevant Authority Name>>’s payroll system. **If your Bank Account Details have changed, please contact the Payroll Office for instructions as to how to proceed prior to return this form.**
2. In the event that I am subsequently re-employed in a pensionable capacity in the Irish Public Service within 24 months of my ceasing employment with <<Insert Relevant Authority Name>>, I may in the future reinstate the benefit amounts related to the refund received by repaying the contributions together with compound interest at rates determined by the Minister for Public Expenditure & Reform;
3. <<Insert Relevant Authority Name>> may undertake validation checks centrally with the Department of Public Expenditure & Reform.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return your fully completed Application Form to:

Address 1/Address 2/Address 3/Address 4