

PATIENT PRIVATE PROPERTY ACCOUNT
RELEASE OF DECEASED PATIENT'S FUNDS



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

STATUTORY DECLARATION AND DEED OF INDEMNITY

This is an important legal document. You must ensure that you understand its implications prior to signing it. You should consider whether you need to obtain independent legal advice to assist you to understand it prior to signing.

DETAILS OF DECEASED PATIENT:

NAME OF DECEASED PATIENT:	
DATE OF DEATH:	
DATE OF BIRTH:	
PPS NUMBER OF DECEASED:	
PATIENT NUMBER/CHART NUMBER OF DECEASED PATIENT	
LAST KNOWN ADDRESS OF DECEASED. (Other than Unit)	

DETAILS OF UNIT/NURSING HOME WHERE PATIENT RESIDED PRIOR TO DEATH:

NAME OF NURSING HOME/UNIT	
LOCATION / ADDRESS:	
LOCAL HEALTH OFFICE AREA	

APPLICANT'S DETAILS:

NAME OF APPLICANT:	CONTACT DETAILS OF APPLICANT:
RELATIONSHIP TO DECEASED PATIENT:	Home Phone No.: _____
ADDRESS OF APPLICANT:	Mobile Phone No: _____
	Email Address: _____
	Are You Ordinarily Resident in the Republic of Ireland?
	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Cont. overleaf

IMPORTANT NOTES TO APPLICANTS SEEKING RELEASE OF FUNDS FROM PATIENT PRIVATE PROPERTY (PPP) ACCOUNTS OF DECEASED PATIENT

This is an important legal document. You must ensure that you understand its implications prior to signing it. You should consider whether you need to obtain independent legal advice to assist you to understand it prior to signing.

1. In paying over the money from a deceased patient's PPP Account, the HSE is seeking to give the money to the correct person(s) – that is, to the person whose role it is to look after the affairs of the deceased patient.
2. In most cases this will be the Legal Personal Representative(s) of the deceased.
3. Where the patient has left a will, then the HSE will pay over the money to the person(s) named as executor(s) in the will.
4. (i) Where there is no will or no executor available, then the HSE wishes to pay over the money to the person(s) who is **entitled to take care of the legal affairs of the patient** (i.e. to the person(s) who is entitled to apply to the Probate Office to have the deceased patient's affairs settled so that any monies or other assets can then be distributed to those who are due them in accordance with the law.)

(ii) Where there is no will the **entitlement** to take care of the legal affairs of the deceased patient, is in the following order:

- (a) Spouse;
- (b) Children;
- (c) Grandchildren;
- (d) Great Grand Children;
- (e) Great Great Grandchildren;
- (f) Father and / or Mother;
- (g) Brother(s) and / or Sister(s),

and thereafter other more distant relatives.

In the absence of an executor named in a will then the HSE will pay over the money to

- a surviving **spouse** on application, if no surviving spouse then to
- a surviving **child(ren)** on application, if no surviving child(ren) then to
- a surviving **grandchild(ren)** on application, if no surviving grandchild(ren) then to and so on down the list at (a) to (g) above.

5. The person that the HSE pays over the deceased patient's money to has some very important legal duties. These duties must be carried out fully and include:

- 1. Gather in and administer the assets of the deceased;**
- 2. Discharge funeral expenses;**
- 3. Pay all other debts of, or relating to, the deceased (from the assets gathered in);**
- 4. Distribute the balance of any assets either according to the terms of the will or according to statute (to the legal beneficiaries under the Succession Acts);**
- 5. Keep accounts and be able to furnish a full record to the beneficiaries.**

6. It is very important that an applicant (and the HSE) is satisfied that applicant is the person most entitled to apply to look after the affairs of the deceased and receive the monies in the PPP Account. If there are others with the same entitlement e.g. a number of surviving children, then either they should all apply or the applicant will be responsible for ensuring that agreement is reached as necessary with the other persons entitled to apply to take care of the deceased patient's affairs.
7. In cases where the applicant is not a spouse and is normally resident outside the State, revenue clearance **may** be required before funds can be released. This is dependant on the relationship of the applicant to the deceased, the value of the estate, the relevant tax free threshold, any prior gifts or inheritances etc.
8. The HSE reserves the right to seek production of a Grant of Representation to support any application.

I/We _____
(INSERT NAME(S) IN BLOCK CAPITALS)

of _____
(INSERT ADDRESS IN BLOCK CAPITALS)

in the City/County of _____ aged 18 years and upwards do solemnly and sincerely declare as follows:-

1. I have read and understood the **Important Notes to Applicants** at page 2 of this document.
2. I/We am/are the personal representative(s) of _____ deceased ("the deceased") who died on the ___ day of _____ 20___. I refer to a certified copy death certificate of the deceased upon which marked with the letter "A" I have endorsed my name prior to making this Declaration.
3. **(*DELETE AS APPROPRIATE)**
The deceased died leaving his/her last will dated the ___ day of _____ 19___/20___. I refer to a copy of this will upon which marked with the letter "B" I have endorsed my name prior to making this Declaration.*

Or

The deceased died intestate (i.e. without having made a will).*

(*Where no will delete the following as appropriate)

- ◆ I am the lawful husband/widow*;
 - ◆ The Deceased died a widow/widower and I am the lawful son/daughter*;
 - ◆ The deceased died a widow/widower without child surviving him/her and that I am the lawful grandchild*;
 - ◆ The deceased died a bachelor/unmarried woman (or widow/widower without child, grandchild or other descendant) and that I am the lawful father/mother*;
 - ◆ The deceased died a bachelor/unmarried woman (or widow/widower without child, grandchild or other descendant), without parent, and that I am the lawful brother/sister*.
4. I am/we are entitled to claim the proceeds of the deceased's patient private property account ("the PPP Account") from the Health Service Executive ("the HSE").
 5. I/We refer to a copy of my/our passport/driving licence/student identity card (issued by an educational institution and containing a photograph)/Bank/Savings/Credit Union Book (containing your address)/Garda ID card/Social Services Card upon which marked with the letter "C" I/we have endorsed my/our name(s) prior to the making of this Declaration.
 6. **Disregard this section in its entirety if claimant is not the spouse of the deceased.**

- The deceased was married once and once only, namely to me on the _____ day of _____ 19___/20___. We were each the lawful spouse of the other. I refer to a certified copy of our Civil Marriage Certificate upon which I have marked with the letter "D" I have endorsed my name prior to making this Declaration.
- None of the provisions of the Family Law Act, 1981 (hereinafter called "the Act of 1981") apply to the deceased's estate because he/she was not a party to an agreement to marry which terminated within three years prior to his/her date of death, and no proceedings of any kind have been threatened or instituted under any of the provisions of the Act of 1981.
- No proceedings of any kind have been instituted or threatened, and no application or order or agreement of any kind has been made, in relation to the deceased's property, under any of the provisions of the Judicial Separation and Family Law Reform Act, 1989, the Family Law Act, 1995, or the Family Law (Divorce) Act, 1996.

7. All information provided in this 4 page document and in any documentation attached hereto is true, accurate and correct.
8. In consideration of the HSE paying over to me the remaining funds held by it in the PPP Account of the deceased **I HEREBY UNDERTAKE** to carry out any and all legal duties in relation to these funds, including but not necessarily limited to, the duties set out on page 2 of this document.
9. In consideration of the HSE paying over to me the remaining funds held by it in the PPP Account of the deceased I/We agree to indemnify and to keep indemnified the HSE, its servants or agents from and against all actions, claims, demands, damages, costs and expenses howsoever arising by reason of the payment to me/us of the proceeds of the deceased's PPP Account.
10. I/We will administer the estate of the deceased faithfully according to law and give an account of it whenever required by law to do so.
11. I/We make this solemn declaration conscientiously believing the same to be true and pursuant to the provisions of the Statutory Declarations Act, 1938.

DECLARED this _____ day of _____, 20_____

by the said _____ (Person making Statutory Declaration signs here)

at _____

in the City/County of _____

before me _____ a Practising Solicitor/Commissioner of Oaths/Notary Public/Peace Commissioner and I know the Declarant.

Practising Solicitor/Commissioner of Oaths/Notary Public/Peace Commissioner

Please Note:

Failure to complete this document fully and correctly will necessitate its return to you and will cause a delay in releasing funds to the Legal Personal Representative. Please review the attached Checklist to ensure that you have completed the key sections and included the required documents.
Thank you.

Checklist:

- Have you completed details of the deceased, their residence and Applicant's Details on Page 1?**
- Have you carefully read the important notes on Page 2 before signing the Statutory Declaration?**
- Have you completed the Statutory Declaration in the presence of a specified witness having carefully read the document and considered the need for legal advice?**
- Has the specified witness completed and signed the declaration?**
- Have you attached the relevant required documents?**

Information on Fees for required Documents and Obtaining Declaration:

Documents	Fee
Birth Certificate	€10
Death Certificate	€10
Marriage Certificate	€10

Declarations

Practicing Solicitor	€10
Commissioner for Oaths	€10
Notary Public	€25
Peace Commissioner	No Charge

Please Note: No fee is payable to the HSE for processing this Application.