



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?** ☐

**2) Are you entitled to receive any Retirement Benefit(s) or any Preserved Pension / Lump Sum from any Irish Public Service Pension Scheme?** ☐

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	
Annual Gross Pension Value	€
Annual Preserved Pension Value	€
Paying Authority	

Description (Benefit Type) e.g. Current/Preserved Occupational Pension and/or Retirement Lump Sum	
Annual Gross Pension Value	€
Annual Preserved Pension Value	€
Paying Authority	

**3) Are you in receipt of remuneration (earnings) from any other Irish Public Service Body apart from the HSE ?** ☐

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)	
Annual Gross Pay (Earnings)	
Paying Authority (Per payslip)	

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

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Block Capitals)

**PPS No.:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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