



Financial Insurance Company Limited
 Financial Assurance Company Limited
 (each part of AXA)
 P.O. Box 602, Shannon, Co. Clare

Department of Social Protection Certificate

Part A : To be completed by Policyholder
 Part B & C : To be completed by Dept of Social Protection

Part A : Personal Details (To be completed by Policyholder)			
Full Name:			
Address:			
Date of Birth:		Finance Provider:	
Claim Number:		Policy Number:	

Part B : Information on Benefits (To be completed by Dept of Social Protection)			
Claimant's P.P.S./R.S.I Number:			
When did the claimant register as unemployed?			
Unemployment Benefit payment dates (if applicable)			
From:		To:	
Unemployment Assistance payment dates (if applicable)			
From:		To:	
Social Insurance contribution credit dates by reason of unemployment (if applicable)			
From:		To:	
If claimant has signed off the register, please advise date			
Please give details of any previous periods of registration as unemployed			
From:		To:	
From:		To:	
From:		To:	
Was the claimant self-employed?	Yes		No
If the claimant is now in receipt of Unemployment Assistance, please give details of when payment of Unemployment Benefit ceased:			
Date ceased:		Reason	
If benefit or credits have been suspended, please give details:			
Suspended from:		To:	
Reason:			

Part C : Department of Social Protection *(To be completed by Dept of Social Protection)*

Stamp	Address
Date:	Signature: