

Retrospective Payment of Contributions

Social Security



38, Ordnance Street, Valletta VLT 1021

E-mail: social.security@gov.mt

Website: www.socialsecurity.gov.mt

Freephone 153

* Indicates mandatory information

Applicant's Details

Identity Card Number: * _____

Name: * _____

Surname: * _____

Civil Status: * Married Widow/er Separated Civil Union
 Single Divorced Cohabitation

Contact Details

Address: *

House Name / Number _____

Locality _____

Street _____

Post Code _____

Mobile _____

E-mail _____

Are you a mother? * Yes No

In case applicant is also a mother:

Have you ever had a career break to bring up your children? Yes No

If Yes, did you return to a gainful occupation after the career break? Yes No

How many children do you have? Indicate the number of Children _____

Birth dates of children
DD / MM / YYYY DD / MM / YYYY DD / MM / YYYY DD / MM / YYYY

DD / MM / YYYY DD / MM / YYYY DD / MM / YYYY DD / MM / YYYY

Are you currently Employed or Self-Occupied? * Yes No

Have you ever lived abroad? * Yes No

In case applicant lived abroad:

Foreign Country where you lived: _____

Indicate period of residence in this country:

From $\frac{_ _}{D D} / \frac{_ _}{M M} / _ _ _ _ _ _$ To $\frac{_ _}{D D} / \frac{_ _}{M M} / _ _ _ _ _ _$

Foreign Country where you lived: _____

Indicate period of residence in this country:

From $\frac{_ _}{D D} / \frac{_ _}{M M} / _ _ _ _ _ _$ To $\frac{_ _}{D D} / \frac{_ _}{M M} / _ _ _ _ _ _$

Foreign Country where you lived: _____

Indicate period of residence in this country:

From $\frac{_ _}{D D} / \frac{_ _}{M M} / _ _ _ _ _ _$ To $\frac{_ _}{D D} / \frac{_ _}{M M} / _ _ _ _ _ _$ **Data Protection Declaration:**

The Department of Social Security collects all relevant personal information to provide its services to individuals who qualify for assistance, allowance or non-contributory pensions in accordance with the Social Security Act (Cap. 318.). The Department may verify the information submitted by you in line with article 133 (b) of the Social Security Act to ensure its accuracy in relation to the claim. Personal data may be disclosed to departments / third parties, who may also have access to your data as authorised by law. Personal information may also be exchanged with benefits institutions of other countries to combat and deter fraud, as provided for in international treaties or bilateral agreements to which Malta is a party. You will be informed in due course of the result of your claim after it has been assessed.

The Department of Social Security treats your personal information in accordance with the Data Protection Act, (Cap. 440.) to protect your privacy. You may request in writing to access information held about you, and eventually to rectify, and where applicable to erase incorrect information, having regard to the claim for which you applied. Such request is to be addressed to "The Data Controller" at the Department and appropriate action would be taken at the earliest possible time. When making such requests, kindly quote your identity card number, national insurance number, your name and address and include any other relevant documentation to identify your case.

Note: Applies to Maltese residents who attained 59 years of age but did not reach 65 years of age and who are still gainfully occupied

Declaration

- I the undersigned am hereby applying to pay up to a maximum of five (5) years in Social Security Contribution arrears to improve my contribution record.
- I hereby accept that the payment rate due is the current **Class 2, rate SA** as applicable on date of this application.
- I hereby accept that I cannot pay Social Security Contributions for periods in which I did not reside in the Republic of Malta.
- I also accept that the Director General (Social Security) can reject this application when it is established that it does not conform with its required eligibility criteria.

Name & Surname_____
Identity Card Number_____
Signature_____
Date