

Armed Forces Compensation Scheme

Dependants Claim

This form should be completed if you want to make a claim under the Armed Forces Compensation Scheme and you are the dependant (or the Guardian or legal representative of a dependent child) of a former service person who died after leaving service on or after 6th April 2005.

For further details contact:

Service Personnel and Veterans Agency
Norcross
Thornton-Cleveleys
Lancashire
FY5 3WP
England

Telephone: 0800 169 2277
Textphone: 0800 169 3458
Overseas: 00 44 1253 866043

help@veteransagency.gsi.gov.uk
www.veterans-uk.info

Reference No.

**This form is for dependants of service and ex-service personnel who died as a result of a wound, injury or illness caused by Service in HM Forces on or after 6th April 2005.
By dependants we mean spouse, civil partner, unmarried partner and eligible children.**

The following notes are designed to help you give us the information we need to make a decision on your case.

Part 1: About the deceased

Any details we already hold are noted in Part 1. Please check them and let us know if any are incorrect.

Please make sure all questions are answered as fully as possible.

It is important that you complete question 6, which asks you to tell us why you think the death of the deceased was caused by their service in HM Forces.

Part 2: Service details of the deceased

Any details we hold are noted in Part 2.

If the details are not completed, please give us as much of this information as you can, as it will help us to identify the relevant service and medical documents which should help to speed up the processing of your claim.

Part 3: Details of adult dependant, Guardian or Legal representative

Part 4: Details of dependent children

Please give details of all the children you want to claim for.

If there are more than four children, please use pages 4 or 11 which are blank or continue on a separate sheet, giving the same details for each child.

If you are claiming for older children who are in full time education or on vocational training courses, we will need to see confirmation of their places on the training courses and the course dates.

If you are a dependent child of the deceased who is 16 years or over and living on your own, you do not need an adult to claim for you. Please complete the form as fully as possible.

page 5

page 6

page 7 - 8

page 9 - 10

Part 4: Details of dependent children (contd)

If you are claiming for disabled children you need to tell us about their disability and how old they were when they became disabled. Disabled children unable to gain employment because of a physical or mental disability, which they began to suffer under the age of 23 years, are eligible for extended benefits.

If you are claiming for a child who was not the child or adopted child of the deceased but was financially supported by the deceased, we need to see documentation that confirms the financial support.

Any documents you send will be copied and returned to you.
The notes for guidance on Page 9 give details of children eligible for payment.

Part 5: Other information

Please use this page if you need more space or to tell us about anything else that you feel may help this case.

Part 6: Other compensation

The law does not allow people to be compensated twice for the same illness, injury or incident, which may have led to death.

If an additional claim for compensation has been made in these circumstances, please give details at **Question 1**.

Question 3 should be completed if you have received payment.

Part 7: Payment details and checklist

Part 8: Declaration

You must sign and date the declaration on page 15.
Please read the information on pages 14 – 15 carefully.

page 9 - 10

page 11

page 12

page 13

page 14-15

Please use this page, or page 11 if you need extra space to answer any of the questions.

Part 1 About the deceased

1 Full name of the deceased

Rank/Mr/Mrs/Miss/Ms/Dr/Rev/Other

2 Their last address

Postcode:

3 National Insurance number

4 Date of birth

5 Date of their death

We need to see a death certificate (the original or a certified true copy) to confirm this.

6 Please tell us here why you think death was due to service.

If you need more space, please continue on a separate sheet or use pages 4 or 11.

Part 2 Service details of the deceased

**1 Name in Service
(If different to the one stated
in Part 1)**

2 Service number

**3 PUID (Personal Unique
Identification)**

**4 Service branch (Army, RAF,
RN or RM)**

**5 Service type (Regular,
Reservist, TA or Gurkha)**

6 Rank

7 Date of enlistment

8 Date of discharge

**9 Last Regiment/Ship/Unit or
Squadron**

**10 If your spouse/partner was a
reservist, please state their
annual salary**

£

**Please enclose their last P60 as
evidence**

**For a Reservist's death you should enclose details of
any employers or personal pension scheme benefits
you will receive.**

**If you do not have the information now, please send it
to us as soon as you can.**

Part 3 Details of adult dependant or Guardian/Legal Representative

This part should be completed by adult dependants of the deceased, by Guardians or Legal Representatives who are claiming on behalf of dependent children, or eligible children aged over 16 years who are claiming for themselves.

We would consider you to be an adult dependant if, at the date of death, you were:

- husband, wife or civil partner
- or
- you were cohabiting as partners in a substantial and exclusive relationship and
- there is no surviving spouse or civil partner and
- you were not prevented from marrying or forming a civil partnership and
- either you were financially dependant on the deceased or you and the deceased were financially interdependent.

1 Full name

Mr/Mrs/Miss/Ms/Dr/Rev/Other

2 Address
(If different to the address in Part 1)

Postcode:

3 Date of birth

4 Contact telephone numbers

Home

Work

Mobile

5 E-mail address

6 National Insurance number

7 What was the nature of your relationship with the deceased at the time of their death?

<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated
<input type="checkbox"/>	Child	<input type="checkbox"/>	Civil partner	<input type="checkbox"/>	Living together as partners
<input type="checkbox"/>	Guardian or Legal Representative of dependent children				

We need to verify this relationship. Listed below are examples of acceptable evidence which confirm the status of an adult dependant for AFCS purposes. We will copy and return any original documents you send.

- Marriage certificate or Civil Partnership registration certificate or, if cohabiting as partners,
- Evidence of joint investments of a substantial nature, or evidence of joint ownership of valuable property such as houses, cars, etc, which could be bank or building society books, statements in joint names or joint repayment of a loan
- Joint savings plan, joint accounts or joint investments
- Evidence of regular financial support by the deceased
- A will or life insurance policy, valid at the time of death, in which
 1. The deceased nominates you as principal beneficiary or co-beneficiary with children
 2. You nominate the deceased as principal beneficiary
- Evidence that you or the deceased had given the other Power of Attorney
- Evidence that you and the deceased shared responsibility for children
- If you and the deceased were cohabiting, any other evidence which indicates the length of the relationship

8 Please list here any documents you have sent with this form

Part 4 Details of dependent children

Please give details below of all dependent children. See the notes for guidance on the left of this page to find out which children could be eligible for dependant's compensation and what evidence we need to see to confirm the child's status.

Definition of dependent children:

Children or adopted children of the deceased, or any young person who was financially dependent on the deceased, all of whom are:

- Born within 12 months of the date of death
- or
- Aged under 18
- or
- In full time education or vocational training and aged under 23
- or
- Unable to engage in gainful employment because of a disability they began to suffer before the age of 23

Acceptable evidence to confirm the status of dependent children:

- Birth certificate
- Adoption certificate
- Proof of financial support (if not child of family or adopted child)
- If the child is disabled we need to see medical evidence to show the date disability started and diagnosis from a doctor of the nature of the disablement

Guardians & Legal Representatives: where the deceased had dependent children but there is no surviving spouse or partner, a Guardian or Legal Representative may have been appointed. We need their details at Part 3.

1st child

Full name

Date of birth

2nd child

Full name

Date of birth

3rd child

Full name

Date of birth

4th child

Full name

Date of birth

If the claim involves more dependent children please continue on pages 4 or 11, or on a separate sheet.

Please give details here of any of the children you are claiming for who are aged 18 or over.

Tell us the reason you are claiming for them. (An example would be that they are in full time education.)

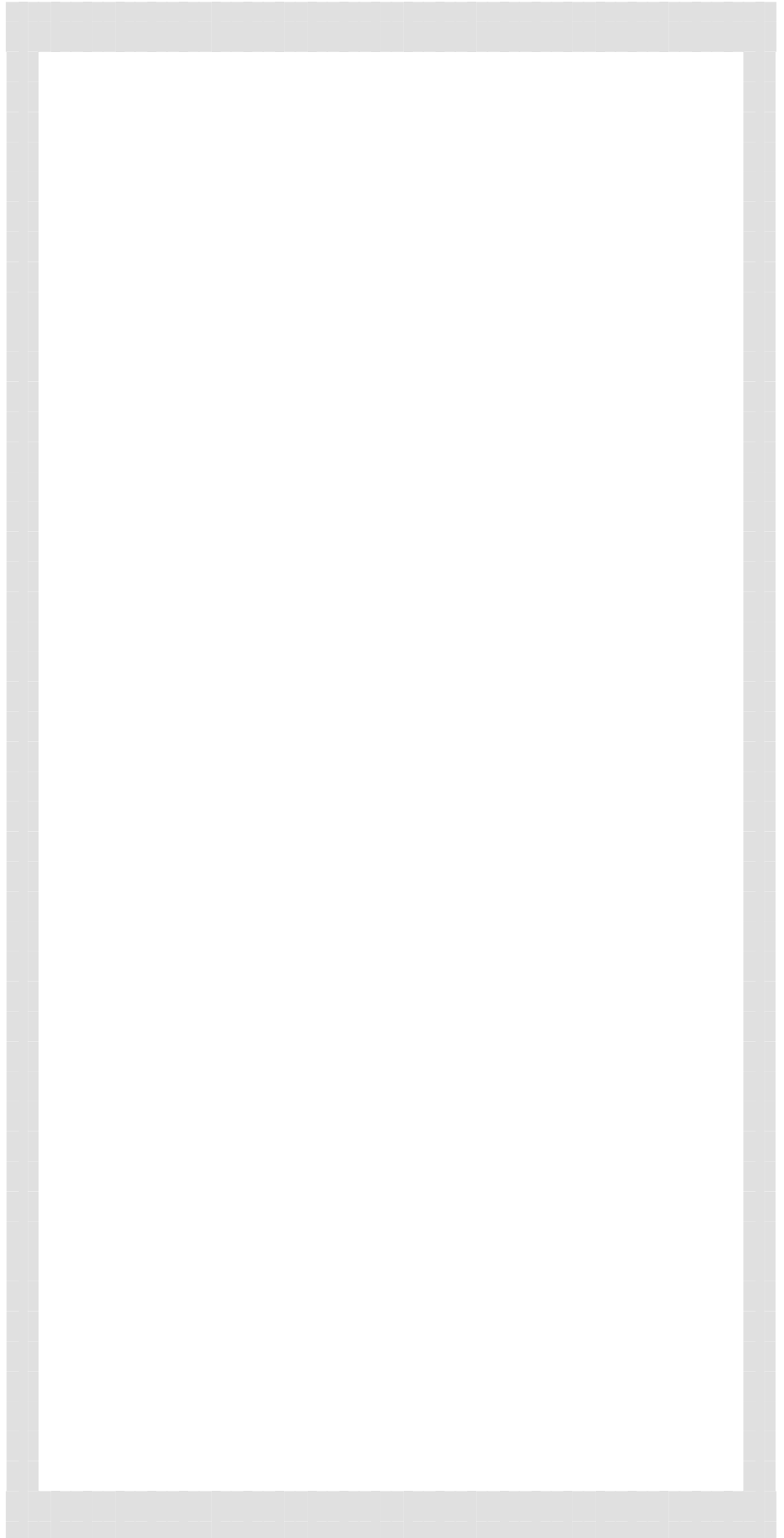
For details of older children who could be eligible, see the definitions of dependent children on page 9.

If you are claiming for older children in full time education, you need to give details of the type of education they are in and the date it is expected to end.

Please give details here of any documents you have sent with the form to confirm this.



Please use this page if you need more space to answer any of the questions or tell us about children or other personal information.



If you or your late partner have claimed compensation for the illness or injury that led to their death from any other person or organisation (which includes the Ministry of Defence), please give the following details:

- 1 What was the outcome of the claim?
(Please include details of the person or organisation claimed from.)

- 2 If you have not yet heard about this claim tell us when you expect to hear.

- 3 What is the total amount you have been paid?

£

- 4 If a solicitor has helped with the claim, please give their contact details

Name:

Address:

Postcode:

If you or your late partner have a current claim to compensation from any other source, you must provide us with details as soon as you know the outcome.

Part 7 Payment details and checklist

Please provide details of the bank or building society account you want the compensation payment made to.

Bank or building society name

Branch name and address

Postcode:

Name of account holder

Account number

Sort code

Building society roll number

Please note: payments from the Armed Forces Compensation Scheme may affect related benefits from the Department of Work and Pensions (including Income Support, ESA (Income related), income based job seekers allowance, Housing Benefit and Council Tax Benefit) or Tax Credits paid to you or your family. It is your responsibility to inform the relevant Benefit Office, local authority or Tax Credit Office if you receive payments under the Scheme.

Final checklist

Have you

- Filled in all the parts that apply to you, your spouse/partner or your dependent children?
- Enclosed any supporting evidence (such as birth or adoption certificates)?
- Enclosed any other evidence you feel will support your claim?

Now please read the declaration on the following pages. Sign and date the form and return it to us in the envelope provided.

Part 8 Data Protection

The Ministry of Defence is a Data Controller for the Data Protection Act 1998. Under the act you have a right of access to your personal information held by the Service Personnel and Veterans Agency. If you want to ask for a copy of that information, please write to us quoting your National Insurance number.

The Ministry of Defence is committed to ensuring that all your personal data is processed in accordance with the Data Protection Act 1998.

The personal data (including sensitive personal data, for example information about your physical or mental health or condition) collected and contained within this form will be retained on your physical file and may be used for all lawful purposes including:

- by the Ministry of Defence and its agents in connection with all matters relating to the AFCS claim or a War Pension claim and any other claims against the Ministry of Defence
- by other Government Departments which have a legitimate interest in this information for example for the purposes of research or for the prevention and detection of crime.

Part 9 Declaration

I confirm that the information I have given is accurate and complete to the best of my knowledge and belief.

I understand that the information and personal data I have provided on this form, and any information and personal data I provide subsequently may be:

- used by the Ministry of Defence (MOD) in connection with my claim, or any subsequent reconsideration, review or appeal, under the Armed Forces Compensation Scheme (AFCS) or the Service Pensions Order (SPO) or any other schemes administered by the Service Personnel and Veterans Agency (SPVA).
- passed to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner asked by the MOD to provide specialist advice.
- passed to the Department of Work and Pensions.
- used by the MOD and its agents in connection with all matters relating to this or future claims, or any subsequent reconsideration, review or appeal, under the AFCS or the SPO or other schemes administered by the SPVA, and other claims against the MOD, and by other Government Departments, which have a legitimate interest in this information for example, for the prevention and detection of crime.

I understand that

- I must immediately tell the MOD of anything that may affect my entitlement to, or the amount of, an award under the AFCS, a war pension, a supplementary allowance or any survivors' benefits paid under the SPO, or an award paid under any other scheme administered by the SPVA, including any changes of address.
- if I knowingly give false information, I may be liable to prosecution.

Part 9 Declaration (contd)

I agree that

- the MOD and
- any doctor advising the MOD and
- any organisation contracted to provide medical services to the MOD and any doctor providing services to that organisation

may ask

- any doctor who has provided treatment and
- any hospital or similar place and
- anyone else who has provided treatment (such as a physiotherapist)

for copies of all medical records (including those in sealed envelopes) and any other information required to consider my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by the SPVA.

And that the MOD may

disclose medical records, and any information about my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by the SPVA, to any organisation contracted to provide medical services to the MOD and any qualified medical practitioner or consultant asked by the MOD to provide specialist advice. I also agree that the MOD may send copies of medical information obtained for the purposes of my claim, or any subsequent reconsideration, review or appeal, under the AFCS or the SPO or any other schemes administered by the SPVA to my General Practitioner. I understand that the information will be retained by the MOD, either as a written record, or on a secure database, and may be used in future if it is necessary to reconsider or review my claim and any award made.

I agree

- to refund any sum paid as a result of this claim in the event that an overpayment is made for any reason.

Signature

Date

Official address stamp

For official use only

Signature

Date of issue

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**Completed form
received**

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