

War Disablement Pension

Claim Form

General information

This form is for making a first claim to War Disablement Pension if you served in His Majesty's or Her Majesty's (HM) Armed Forces at any time or in the Polish Forces under British Command during the 1939 - 45 War or in the Polish Resettlement Corps. People who served in HM Armed Forces also include the Nursing and Auxiliary Services, the Ulster Defence Regiment who are now known as the Royal Irish Regiment, and the Home Guard.

You may be entitled to a War Disablement Pension if you served

- in the Armed Forces

and you think your service

- caused a disablement, or
- caused an existing condition to deteriorate.

If you need help completing this form the Service Personnel and Veterans Agency (SPVA) Veterans Welfare Service can help. Please see our contact details below.

For official use only		
Control Index Checked		
Initials		
Date	/	/

Phone : (UK) 0800 169 2277 Overseas: +44 1253 866 043
E-mail: veterans.help@spva.gsi.gov.uk
Internet: www.veterans-uk.info

Text Phone: 0800 169 3458

Claim Form

This form must be returned to reach us within three months of the date it was issued. If you delay and your claim is successful, you could lose money.

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 writ 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 1 About you

Please tell us your:

1. National Insurance (NI) number

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2. Surname

Mr / Mrs / Miss / Ms / Dr / Rev

3. All other names in full

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4. All other Surnames you have been known by or are using now. Please include maiden name, all former married names and any other changes of name. Please list in date order, the most recent first.

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5. Address

Postcode

6. Date of birth

/	/
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7. Place of birth

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8. Daytime contact phone number

Code	Number
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9. Your e-mail address (if you have one)

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Part 1 About you - continued.

10. Have you claimed or received a war pension from us before, including lump sum payments?

No

Yes - tell us your reference number

Part 2 About your service.

If you served in the **Army, Royal Navy, Royal Marines, Royal Air Force** or the **Polish equivalent** please answer questions 11 to 26.

If you had **more than one period of service** or served in **more than one branch of the Armed Forces**, please also complete questions 26 to 33.

If you served in the **Home Guard** please answer questions 34 to 39.

11. Please tell us about any military decorations you have.

12. Please tick if you served in any of the following:

Op Haven

Op Granby

Op Telic

13. Have you ever served in the Polish Forces under British Command?

No - **please go to question 16**

Yes - please go to question 14 below

14. Have you ever lived in Poland?

No - **please go to question 16**

Yes - please go to question 15 below

15. When did you live there?

From

To

Part 2 About your service - continued

16. Have you ever been a Prisoner of War or an Internee?

No - **please go to question 17**

Yes - please give details below

When you were a Prisoner of War or Internee

From

To

From

To

The names of the camps and the countries where you were held.

Army, Royal Navy, Royal Marines, Royal Air Force or the Polish equivalent

17. Which service were you in?

18. Your service number

19. Your regiment or corps on enlistment (Army only)

20. Your dates of service

Enlistment

Discharge

21. Your regiment, corps, ship or base on discharge

22. Your rank held on discharge

Part 2 About your service - continued

23. Your reason for leaving or Queen's Regulations Discharge paragraph

24. If medically discharged, please state the discharge condition(s)

25. Do you have any reserve liability?

No

Yes

Other periods of service

26. Have you had any other service in the Armed Forces, other than the details you have already given

No

Please go to question 40

Yes

Please give details below

27. Which service were you in?

28. Your service number

29. Your dates of service

Date of enlistment

Date of discharge

30. Your regiment/ship/base and rank

31. Was this service Regular, Territorial, Full Time Reserve or Non Reserve Preserved? (If you are still serving in the TA please tell us the full address of the unit so we can apply for your service medical records).

Part 2 About your service - continued.

32. Your reason for leaving or Queen's Regulations Discharge paragraph

33. If medically discharged, please describe the discharge condition(s)

Home Guard service only

34. Your address on discharge

35. Your dates of service

Enlistment	Discharge
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

36. The number of the last battalion and the last county you served in

37. The name of your last Commanding Officer

38. Your occupation in the Home Guard

39. Did you get a Defence Medal?

No Yes

Part 3 About your claim

Questions 40 - 48 are about wounds or injuries resulting from a specific incident or accident.

Questions 49 - 52 are about illnesses and diseases. If you are claiming for more than one condition you can use the same form, but please make sure you show each condition separately.

40. What is the wound or injury you want to claim for?

(Please give as much information as you can. For example, if you injured an arm or a leg, please say which one i.e. left or right).

41. Please **describe fully the accident(s) or particular incident(s) which led to your wound or injury** and any medical treatment you had at the time.

(Please give us as much information as you can. For example, if you fell, please say how far you fell. Please send us any Accident Report Forms, Hurt Certificates or any other papers that you have for this accident. We will return them).

Part 3 About your claim - continued

49. What illness, disease or other condition(s) do you want to claim for?

50. How and where did you get your illness, disease or other condition?

51. What unit were you serving with at the time?

52. When did you get or first notice the condition(s) you are claiming for?

/ /

Part 3 About your claim - continued

For all claimed conditions:

53. Give a detailed description of how you are affected on a day to day basis by each of the conditions you have claimed.

Part 3 About your claim - continued

54. Please tell us in your own words, why you think the disablement(s) you are claiming was caused by or made worse by your service in the Armed Forces.

Part 4 About your medical treatment during service

55. Did you have any medical treatment during service for the condition(s) you are now claiming?

No **Please go to question 56**

Yes Please tell us about this on the next page

(Please be as precise as you can. If you know the approximate date such as "Summer 1943" or "March 1976" please show this information but if you cannot remember either the date or the address at all, please state "not known").

Part 4 About your medical treatment during service - continued

Condition(s) treated

Hospital name and address

Postcode

Hospital record number

Treatment dates

Start	End
/ /	/ /
/ /	/ /

Part 5 About your medical treatment after service

56. Have you had any medical treatment since your service for the condition(s) you are now claiming?

No **Please go to question 57**

Yes Please tell us about this on the next page

Details of your hospital record number etc. will be on your hospital appointment card. If you had treatment at more than two hospitals, please tell us about this on the blank page at the back of this form or on a separate sheet of paper with your full name and National Insurance number on it.

Part 5 About your medical treatment after service - continued

57. GP details (Please give these details even if you have not visited your GP recently)

Doctor's name and initials

Doctor's surgery address

Postcode

Surgery phone number

Code	Number
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58. Have you seen your doctor (or anyone else) at your general practice about the condition(s) that you are now claiming for?

No Please explain why in the box below

Yes Please tell us the dates below

When you first saw your doctor about these condition(s)

When you last saw your doctor about these condition(s)

Part 7 About other benefits, allowances or entitlements

Payment of war pension can be affected if you are receiving or have claimed any of the following benefits, allowances or entitlements.

- Incapacity Benefit
- Disability Living Allowance
- Severe Disablement Allowance
- Income support
- Attendance Allowance
- Additional Allowance for Spouse
- Pension Credit
- Jobseekers Allowance
- State Pension
- Carer's Allowance
- Occupational Pension
- Employment and Support Allowance (Contributory)
- Employment and Support Allowance (Income related)

65. If you have claimed or are receiving any of the above benefits please give the following details:

The benefits being paid or that you have claimed

Date the claim was made

66. If you have claimed or are receiving Industrial Injury Disability Benefit (IIDB), please tell us the condition(s) you claimed or are getting IIDB for

Date the claim was made

Part 8 Payment directly into an account

We normally make payment directly into an account

You can use a bank, building society or other account provider. Many banks and building societies will let you collect cash at the post office.

How we will pay you

If you were an officer, we can pay your pension every month or every quarter **in arrears**. If you were not an officer we can pay your pension every 4 weeks (3 weeks in arrears, 1 week in advance), every 13 weeks (12 weeks in arrears, 1 week in advance) or every week. For payments overseas, all periods are paid **in arrears**.

We will tell you when the first payment will be made and how much it is for. Each payment, after the first one, should be for the same amount unless there is a change in your circumstances. We will tell you whenever we know there is going to be a change in the amount we pay into your account.

Finding out how much we have paid into your account

You can check your payments on your account statements. The statements may show your National Insurance (NI) number next to payments that are from us. If you think your payment is wrong, get in touch with us straight away.

If not enough money is paid into the account

If we do not pay enough money into the account, we will make another payment or add the money we owe you onto your next payment. We will contact you to tell you what we are going to do.

If we pay you too much money

We have the right to recover any money paid to you which you are not entitled to. This may be because of the way the Direct Payment system works. For example, you may give us information which means you are entitled to less money but we may not be able to change the amount we have already sent out. If this happens, we will contact you before we recover any money.

What to do now:

- **Tell us about the account you want to use below. By giving us your account details you are agreeing to be paid by Direct Payment and understand the information above about being overpaid.**
- **If you do not yet have an account but intend to open one, please give us your account details as soon as you have them.**
- **If you do not have an account, please contact us and we will give you more information.**

Please continue to fill in the claim form and send it to us now.

Part 8a About the account you want to use

Please tell us your account details below. It is very important you complete ALL boxes correctly including the building society roll or reference number if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.

You can find the account details on the cheque book, passbook or statements. If you are not sure about the details, ask the bank, building society or other account provider.

About the account you want to use

You can use

- an account in your name
- a joint account or
- someone else's account, subject to the terms and conditions of the account and as long as you have the other person's permission and authorise them to use the money in the way you tell them.
- If you are an Appointee or a legal representative acting on behalf of the customer, the account should be in your name only.
- To be paid into a credit union account you must provide the credit union's account details. Your credit union will be able to help you with this.

Name of the account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement

Full name of bank, building society or other account provider

Sort code

Please tell us all six numbers

for example, 12-34-56

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Account number

Most account numbers are 8 numbers long.

If your account has fewer than 10 numbers, please fill in the numbers from the left.

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If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

Building society roll or reference number

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Part 8a About the account you want to use - continued

Please complete the following if you want to use an overseas bank account

Your overseas bank sort code could contain letters or numbers in some cases **up to** 10 characters long.

Please print it here e.g. 12345678AB.

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Your overseas bank account could contain letters or numbers in some cases **up to** 18 characters long. Please print it here.

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Part 8b How often can I be paid?

Please tick one box only:

every month - officers

every 4 weeks - other ranks

every quarter - officers

every 13 weeks - other ranks

weekly - other ranks

Please note: payment details are outlined on page 18 of this form. For payments overseas, all periods are paid in arrears.

Part 9 Checklist

Have you:-

- filled in all the parts that apply to you?
- enclosed your Certificate of Service or your Statement of Service, if you have them.
- enclosed your Accident Report Form or Hurt Certificate, if you have them.
- enclosed any other evidence that you feel will support your claim, such as letters or reports from your doctor, consultant or hospital, or any other medical evidence such as a recent audiogram - this is a graph that measures how well you can hear sound, if you are claiming a war pension for a deafness-related condition.

We will look after any medical information or other documents that you send us. We will take photocopies and send them back to you.

Please do not pay to obtain medical information especially for this claim

Prescription Charges

If your claim is successful you may be able to claim a refund for NHS prescription charges you have incurred for the accepted disablement. You can claim for a refund from the date of this claim, but you must provide evidence to support your claim.

The evidence might be:

- A letter from your GP
- Copies of your prescriptions
- A letter from your pharmacist
- Receipts from your pharmacist showing the medication supplied
- Prescription labels from your medication

What happens next

We will acknowledge receipt of your claim. If we need more information or for you to be medically examined we will let you know.

If you are concerned about the process or want any further information please telephone Veterans Helpline on 0800 169 22 77 (UK only). If you live overseas, phone + 44 1 253 866043.

Or, you can write to us at this address:

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

Now please read the declaration at Part 10. Sign and date the form and return it to us in the envelope provided.

Part 10 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 for 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

- 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.

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)

Declaration - continued

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 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.

Remember

You must sign this form yourself if you can - even if someone else has filled it in for you. If a representative who acts as Power of Attorney or Appointee for the claimant is signing this form, they must enclose evidence to show that they are the legal representative.

Signature

Date

For completion by Veterans Welfare Service or Authorised Agents only

Name of Department or Organisation

Your reference number

Signature

Official address stamp

Date of receipt of claimant's first contact
with Veterans Welfare Service or Authorised
Agent about this claim

Date claim form issued

Date completed claim form was
received back by Veterans Welfare Service
or Authorised Agent