

War Disablement Pension

Claim Form

General Information

This form is for making a first claim to War Disablement Pension under the Personal Injuries (Civilians) Scheme.

You may be entitled to a War Disablement Pension if the Secretary of State waives the time limits in your case and you were a

- civilian, **or**
- civil defence volunteer

And you think you got an injury or disease caused by a

- war injury, **or**
- war service injury.

The Personal Injuries (Civilians) Scheme has time limits for claiming a war pension. The Scheme provides that you should make your claim within 3 months of the latest of the following dates

- the date on which the injury causing disablement happened, **or**
- where the injured person was younger than 15 when injured and not working when injured, that person's 15th birthday, **or**
- where the injured person was a full time member of the armed forces when the injury happened, the date such service ended.

The time limit for making your claim has run out. The Secretary of State may waive the time limit if you can send us independent evidence to support your claim or there are exceptional reasons to do so.

You need independent supporting evidence that shows

- you were injured or disabled due to an incident in World War II, **and**
- what the injury or disablement was, **and**
- gives details of the incident that led to the injury or disablement, **and**
- shows you were present at the incident.

You may have one document that contains all the evidence. But you may need to produce more than one.

If you need help completing this form our Veterans Welfare Service can help. Please see our contact details on page 20.

For official use only		
Control Index Checked		
Initials		
Date	/	/

General Information continued

These are examples of the kinds of evidence that may show that you were injured or disabled in World War II and what the injuries or disablement were

- a family letter or a newspaper article from the 1940's, **or**
- an old school or medical report from the 1940's.

These are examples of the kinds of evidence that may give details of the incident in World War II you are claiming about

- a report of the incident in a newspaper report from the 1940's, **or**
- details of the incident from a local history book.

If you have not got evidence that shows you were injured in the incident you are claiming for you will need to send us something to show where you were when the incident happened.

If you were injured at or near home this could be

- a letter from the 1940's addressed to your home, **or**
- a rent book from those days, **or**
- a photocopy of the family's entry on the electoral roll just before or after the war because there were no electoral rolls taken during the war.

If you were injured at or near the workplace this could be

- a wage slip, **or**
- a letter from work from those days.

If you do not hold this sort of evidence yourself you may be able to get it from other sources such as your family, local authority, local library or newspaper office.

We cannot pay back any money you spend to get this information.

Definition of a war Injury, a war service injury

A **war injury** is a physical injury caused by

- i. the discharge of any missile (including liquids and gas); **or**
 - ii. the use of any weapon, explosive or other noxious thing; **or**
 - iii. the doing of any other injurious act – either by the enemy or in combating the enemy or in repelling an imagined attack by the enemy; **or**
- b. the impact on any person or property of any enemy aircraft, or any aircraft belonging to, or held by any person on behalf of or for the benefit of, His Majesty or any allied power, or any part of, or anything dropped from any such aircraft.

A **war service injury**, in relation to a civil defence volunteer, is a physical injury which the Secretary of State certifies to have been shown to have arisen out of and in the course of the performance by the volunteer of his duties as a member of the civil defence organisation to which he belonged when the injury was sustained, and (except in the case of a war injury) not to have arisen out of and in the course of his employment in any other capacity.

Physical injury includes tuberculosis and any other organic disease and the aggravation of the disease.

The Scheme specifies the period of time to which it relates as the period of emergency which was

- i. 3 September 1939 – 19 March 1946; **or**
- ii. 3 September 1939 – 31 March 1948 fire member of the National Fire Service England Wales; **or**
- iii. 3 September 1939 – 15 May 1948 for members of the National Fire Service Scotland.

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.

Your Reply

Part 1 – About you

1. Your National Insurance (NI) number (you can find the number on your National Insurance (NI) number card, letters about other benefits or payslips).

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If you do not know your NI number have you ever had one or used one at any time?

No

Yes

2. Surname or Family name

Mr / Mrs / Miss / Ms / Dr / Rev

3. All other names in full

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4. All other surnames or family names you have been known. (Please include maiden name, all former married names and all changes of family name. Please list them in date order (the most recent first).

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5. Address

Postcode

Part 1 – About you continued

6. Date of birth

7. Place of birth

8. Daytime telephone number
(home / work / mobile / fax)

9. Your email address (if appropriate)

10. Are you permanently living abroad?

No

Yes

When did you leave the UK to live
abroad?

11. Are you are a British subject?

No

Yes

Please tell us any other personal details you think we should know on a separate sheet of paper, for instance other names or previous addresses within the last 3 years. Make sure you put your full name and National Insurance number on the top of the piece of paper.

Part 2 – About your service

12. Have you ever served in the Armed
Forces?

No

Go to question 37

Yes

If you served in the **Army** or the **Polish equivalent** please answer questions 13 to 19.

If you served in the **Royal Navy, Royal Marines, Royal Air Force** or the **Polish equivalent** please answer questions 20 to 26.

If you had **more than one term of service** or served in **more than one branch of the Armed Forces**, please complete questions 27 to 33.

If you served in the **Home Guard** please answer questions 40 to 45.

Please complete all other relevant questions.

Please tell us about any military decoration
you have

Part 2 – About your service continued

Army or Polish equivalent

Please tell us

13. Your service number

14. Your regiment or corps on enlistment

15. Your dates of service

Enlistment

Discharge

16. Your regiment or corps on discharge

17. Your rank held on discharge

18. Your reason for leaving the Army and Queen's Regulations Discharge paragraph (if known). (Reason could be normal 'demob', end of National Service, completion of engagement or Medical Discharge).

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

Please go question 27.

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

Please tell us

20. Which service you were in

21. Your service number

22. Your dates of service

Entitlement

Discharge

23. Your ship or base on discharge

24. Your rank held on discharge

25. Your reason for leaving the Army and Queen's Regulations Discharge paragraph (if known). (Reason could be normal 'demob', end of National Service, completion of engagement or Medical Discharge).

Part 2 – About your service continued

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

26. If medically discharged, what were your discharge condition(s)?

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

No **Go to question 34**

Yes Please tell us:

28. Your service number

29. Your dates of service

Enlistment
/ /

Discharge
/ /

30. Your regiment / ship / base and rank

31. Was this 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 records).

32. Your reason for leaving the Army and Queen's Regulations Discharge paragraph (if known). (Reason could be normal 'demob', end of National Service, completion of engagement or Medical Discharge).

33. If medically discharged, what were your discharge condition(s)?

34. What was your civilian occupation after discharge?

35. If you served in the Polish Forces under British Command have you ever lived in Poland?

No **Go to question 37**

Yes

36. When did you live there?

From
/ /

To
/ /

37. Have you been a Prisoner of War or Internee?

No **Go to question 40 or Part 3**

Yes

Part 2 – About your service continued

38. When were you a Prisoner of War or Internee?

From

To

From

To

39. Please tell us the names of the camps and the countries where you were held, if known.

Home Guard

Please tell us:

40. Your address on discharge

41. Your dates of service

Enlistment

Discharge

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

43. The name of your last commanding officer

44. Your occupation in the Home Guard

45. Did you get a Defence Medal?

No

Yes

Part 3 – About your claim

46. Have you claimed a war pension from us before?

No Please tell us why you have delayed making your claim for war pension. This may help the Secretary of State to decide if there are exceptional reasons for waiving the time limit in your case.

Yes What was your reference number

47. Are you claiming for an injury or disease you think you got as a civil defence volunteer?

No

Yes Which service were you in

If you are claiming for a wound of injury **and** an illness or disease, please complete both sections. If you are claiming for more than one condition you can use the **same form** but please make sure you show each condition separately and clearly.

48. We need to know what caused the disablement you are claiming for now.

Are you claiming for	a wound or injury	<input type="checkbox"/>	Go to question 49
	an illness, disease or other condition	<input type="checkbox"/>	Go to question 56

49. What is the wound or injury you want to claim for?
(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).

50. 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.

(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 or any other papers that you have for this accident. We will return them).

Part 3 – About your claim continued

51. What time and date did the accident or incident happen?

Time

Date

52. Where did the accident or incident happen? (Please be precise, for example if you were in an air raid shelter tell us the name of the shelter and where it was).

53. How did the accident or incident happen? (Please tell us what happened to you)

54. What was your home address at the time of your injury?

55. Were there any witnesses to your accident or incident?

No

Yes

What is their name and address. (Attach any statement you may have obtained from them).

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

57. How and where did you get your illness, disease or other condition(s)?

Part 3 – About your claim continued

58. Where were you employed at the time?

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

For all claimed condition(s)

60. Give a detailed description of how you were affected on a day to day basis by each of the condition(s) you have claimed.

Part 3 – About your claim continued

61. If you were a civilian and got your illness, disease or other condition outside the UK please tell us why you were there.

Part 4 – Medical Details

62. Have you had any medical treatment for the condition(s) you are now claiming for?

No

Go to question 64.

Yes

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 a separate sheet of paper. Make sure you put your full name and National Insurance number on it.

Hospital 1

Name of doctor or consultant

Hospital name and address

Postcode

Hospital record number

Hospital 2

Name of doctor or consultant

Hospital name and address

Postcode

Hospital record number

Part 4 – Medical details continued

Please tell us the type of treatment you had

<input type="checkbox"/> In-patient	<input type="checkbox"/> Out-patient
<input type="checkbox"/> Both	

Please tell us the type of treatment you had

<input type="checkbox"/> In-patient	<input type="checkbox"/> Out-patient
<input type="checkbox"/> Both	

Treatment dates

Start

End

Treatment dates

Start

End

Condition(s) treated

Condition(s) treated

63. We need you to answer this question if you have received medical treatment **under a different name than one you use now or when you lived at an address before your current one.**

If your name and address was different at the time of this treatment please tell us below

Hospital 1

Surname or family name

All other names in full

Address where you lived

Postcode

Hospital 2

Surname or family name

All other names in full

Address where you lived

Postcode

Part 4 – Medical Details continued

About your doctor (Please give these details even if you have not visited your GP recently, as we may still need to contact them to process your claim).

64. Doctor's name and initials

65. Doctor's surgery address

66. Surgery phone number (including STD code)

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

 No Please explain why in the box below. **Then go to question 68.**
 Yes Please tell us the dates or approximate dates below

When did you first see your doctor about the condition(s)?

When did you last see your doctor about the condition(s)?

Part 5 – Other information

Any payment of war pension may be affected by other payments of compensation. This is because you cannot receive compensation for the same disability twice.

68. Have you claimed any other compensation from anyone else for the condition(s) you are now claiming?

 No **Go to question 82** Yes

69. Who did you make your claim for compensation to?

 Ministry of Defence as your service employer Your civilian employer Overseas Government A third party responsible for the accident or condition(s)

Part 5 – Other information continued

70. What is their name and address

Postcode

71. Reference number

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72. What condition(s) did you claim compensation for?

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73. If the claim was against your civilian employer, what job did you do?

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74. Did you have help from a solicitor, insurance company or trade union when you made your previous claim?

<input type="checkbox"/>	No	Go to question 77
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<input type="checkbox"/>	Yes
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75. What is their name and address

Postcode

76. Reference number

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77. Have you had the result of your claim?

<input type="checkbox"/>	No	Go to question 82
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<input type="checkbox"/>	Yes
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78. Did you get any money from this claim?

<input type="checkbox"/>	No	Go to question 82
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<input type="checkbox"/>	Yes
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79. How much were you paid?

£	
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Part 5 – Other information continued

80. On what date were you paid?

81. Do you have a copy of the letter telling you about your claim?

No

Yes

Please send us a copy of this letter. We will send it back to you

Part 6 – About other benefits, allowances or entitlements

82. Please tell us if you have claimed or are receiving any benefits, allowances or entitlements

The benefits, allowances and entitlements we need to know about are:

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

No **Go to question 85.**

Yes

83. What benefits, allowances or entitlements have you claimed or are being paid?

84. When was the claim made?

85. Have you claimed or are receiving Industrial Injury Disablement Benefit (IIDB)

No **Go to part 7**

Yes

86. What condition(s) have you claimed or are receiving IIDB for.

87. When was the claim made?

Please be aware that payment of war pension may be affected if you are receiving or have claimed any of these benefits, allowances or entitlements.

Part 7 – Payment directly into an account

We normally make payment direct 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 payments, 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 is paid into your account

You can check your payments on your accounts statements. The statements may show you 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 your 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. By giving your account details you are agreeing to be paid by Direct Payment and understand the information on this page 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, in the meantime return the completed form to us.**
- **if you do not have an account, please contact us and we will give you more information.**

Part 7a 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.

Part 7a About the account you want to use continued

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 cheque book or statement.

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Full name of bank, building society or other account provider

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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 few than 10 numbers, please fill in the number from the left.

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If you are using a building society account you may need to tell us the 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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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

--	--	--	--	--	--	--	--	--	--	--

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 7b – How often can I be paid?

Please tick one box only:

Every month

Every quarter

Every 4 weeks

Every 13 weeks

Weekly

Please note payment details are outlined on page 16 of this form. For payments overseas, all periods are paid in arrears.

Part 8 – 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, if you have one.
- 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 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

Now please read the declaration on Page 19. Sign and date the form and return it to us in the envelope provided.

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 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 any thing 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)

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.

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

/ /

When we receive your completed WPA0001-C we will send you an acknowledgement.

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:

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

Part 12 – For completion by Veterans Welfare Service or Authorised Agents only

Name of Department or Organisation

Office address stamp

Your reference number

Signature

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

Date claim for issued

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