

War Disablement Pension

Claim Form

General Information

This form is for making a first claim to War Disablement Pension.

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

- Mercantile Marine,
- Naval Auxiliary Personnel,
- H M Coastguards,
- Auxiliary Coastguards, **or**
- Fishing, Pilotage or Light Vessel Services

and you think your service caused you to suffer

- a war injury,
- a war risk injury, **or**
- detention.

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

If you need help completing this form our Veterans Welfare Service can help. Please see our contact details on page 21.

For official use only		
Control Index Checked		
Initials		
Date	/	/

What you need to know

The schemes provide for the award of a War Disablement Pension where disablement is directly attributable to a

- war injury
- war risk injury, **or**
- detention.

Please supply independent supporting evidence that shows you served during wartime in one of the services covered by the schemes, and

- you suffered a war injury, war risk injury or detention, **and**
- what the injury was, **and**
- gives details of the circumstances that led to the injury.

These are examples of the kinds of evidence that may help to support your claim

- a letter or any other statement dated around the time of the incident and referring to the injury you are claiming for, **or**
- a GP/ hospital report dated soon after the injury you are claiming for which records your account of the circumstances of the injury, **or**
- a more recent written statement from someone who was present at the time of the incident / accident, **or**
- any other records made around the time of the injury / accident which mentions it, **and**
- your T124, T124T, or T124X agreement, if you have it, **or**
- your Certificate of Discharge or Continuous Discharge Book.

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, former colleagues or newspaper offices.

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

We will look after the evidence that you send us. We will take photocopies and send the originals back to you. Please send us the evidence that we have asked for with this form.

Definition of a War Injury, a war risk injury and detention

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 risk injury** is a physical injury sustained on or after 3 September 1939 and described in Schedule 1 of the Mercantile Marine Scheme. Broadly this is a physical injury, resulting from certain specific conditions due to war at sea which substantially increased the risk of the peril occurring which caused injury.

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

Detention means detention which is consequent on the capture of a mariner or his ship effected by reason of the existence of a state of war.

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).

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

2. Surname of Family name

Mr / Mrs / Miss / Ms / Dr / Rev

3. All other names in full

--

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

--

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

No

Yes
please tell us your reference number

Part 2 – About your service

11. Who did you serve with?

Mercantile Marine

HM Coastguard

Fishing, Pilotage or Light Vessel Services

Naval Auxiliary Personnel

Auxiliary Coastguard

12. Date of enlistment

13. Did you sign a T124, T124T or T124X agreement? (Mercantile Marine only)

No

Yes

Please tell us which agreement you signed

(Please send us a copy of the agreement)

14. Please tell us your rank or rating on discharge

Was this certified?

No

Yes

15. Date of discharge

Part 2 – About your service continued

16. What was your reason for leaving this service?

Normal 'demob' after 1939 – 45 War

Go to part 3

Medical Discharge

Please tell us the condition leading to discharge

Do you have any documents relating to the medical discharge?

No

Yes please send us the documents

Any other reason

17. Please tell us the number of your certificate of Discharge or Continuous Discharge book.

Please send us your Certificate of Discharge or Continuous Discharge book.

18. If you have not got your Continuous Discharge Book, please tell us about all the ships you served on

Name of ship	Rank or grade	Name of owners or managers	Voyage dates		Convoy number
			Began	Ended	

If there is not enough space please use a separate sheet of paper. Make sure you put your full name and National Insurance number on the top of the piece of paper.

Part 3 – About your service in the Armed Forces

If you have served in the Army or the Polish equivalent please answer questions 19 to 25.

If you have served in the Royal Navy, Royal Marines, Royal Air Forces or the Polish equivalent please answer questions 26 to 32.

If you had more than one term of service or served in more than one branch of the Armed Forces, please complete questions 33 to 35.

If you served in the Home Guard please answer questions 39 to 44.

Please complete all other relevant questions.

Please tell us about any military decorations you have.

Army or Polish equivalent

Please tell us:

19. Your service number

20. Your regiment or corps on enlistment

21. Your dates of service

Enlistment	Discharge
/ /	/ /

22. Your regiment or corps on discharge

23. Your rank held on discharge

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

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

Go to question 33.

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

Please tell us

26. Which service you were in

27. Your service number

28. Your dates of service

Entitlement	Discharge
/ /	/ /

Part 3 - About your service in the Armed Forces continued

29. Your rank held on discharge

30. Your ship or base on discharge

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

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

33. Have you had any other service in the Armed Forces, other than the details you have already given. No

Yes **Please give details**

34. If you served in the Polish Forces under British Command have you ever lived in Poland No **Go to question 36.**

Yes

35. When did you live there? From / / To / /

36. Have you been a Prisoner of War or Internee? No **Go to question 39 – 45**

Yes

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

From / / To / / From / / To / /

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

Part 3 About your service in the Armed Forces continued

Home Guard

Please tell us:

39. Your address on discharge

Postcode

40. Your dates of service

Enlistment	Discharge
/ /	/ /

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

--

42. The name of your last Commanding Officer

--

43. Your occupation in the Home Guard

--

44. Did you get a Defence Medal?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
-----------------------------	------------------------------

Part 4 – About your claim

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

<input type="checkbox"/> No
<input type="checkbox"/> Yes Please tell us your reference number

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.

46. 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 47
	An illness, disease or other condition	<input type="checkbox"/> Go to question 56

Part 4 – About your claim continued

For all claimed conditions:

59. Give a detailed description of how you were affected on a day to day basis by each condition you have claimed.

[Empty response box]

Part 4 – About your claim continued

60. Please tell us in your own words, why you think the disablement(s) you have described at question 47 to 56 was or were caused by or made worse by your service.

Part 5 – About your medical treatment during service

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

No

Go to part 6

Yes

Please tell us about this

(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’).

Conditions treated

Hospital name and address

Postcode

Hospital record number

Treatment dates

Start

/ /

Date

/ /

/ /

/ /

Part 6 – About your medical treatment after service

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.

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

No

Go to question 64.

Yes

Please tell us about this.

Hospital 1

Name of doctor or consultant

Hospital name and address

Postcode

Hospital record number

Please tell us the type of treatment you had

In-patient

Out-patient

Both

Treatment dates

Start

End

Conditions treated

Hospital 2

Name of doctor or consultant

Hospital name and address

Postcode

Hospital record number

Please tell us the type of treatment you had

In-patient

Out-patient

Both

Treatment dates

Start

End

Conditions 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 present one.**
 If your name or address was different at the time of this treatment please tell us.

Hospital 1

Surname or Family name

Mr / Mrs / Miss / Ms / Dr / Rev

All other names in full

Address where you lived

Postcode

Hospital 2

Surname or Family name

Mr / Mrs / Miss / Ms / Dr / Rev

All other names in full

Address where you lived

Postcode

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. Your present doctor's name and initials

65. Doctor's surgery address

Postcode

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 claiming for?

No Please tell us why in the box below. **Then go to part 7.**

Yes Please tell us the date or approximate dates below

/	/
---	---

/	/
---	---

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

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

Part 8 – About other benefits, allowance or entitlements continued

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

84. When was the claim made?

85. Please tell us if you have claimed or have received Industrial Injury Disablement Benefit (IIDB)

No **Go to part 9**

Yes

86. Please tell us the condition(s) 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 9 – 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 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 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 9a 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.

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 an 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.

--

Full name of bank, building society or other account provider

--

Sort code

Please tell us all six number **for example, 12-34-56**

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

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

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

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

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

Part 9a 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

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

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

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

Part 9b – 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 17 of this form. For payments overseas, all periods are paid in arrears.

Part 10 – 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 recent audiogram – this is a graph that measures how well you can hear sound, if you are claiming a war pension for 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 20. 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 anything that may affect my entitlement to, or the amount of, an award under the AFCS, war pension, 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-M 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 for was received back by the Veterans Welfare Service or Authorised Agent.