

Further Condition Claim Form

General information

This form is for making a claim for a further condition. Please read the questions carefully and answer all the questions that apply to you. Please write clearly using capital letters. Where you are asked to provide information, please give as much detail as possible. If there is not enough room on the form, please supply any other details you think we should know about on a separate sheet of paper, making sure that your full name and National Insurance number is at the top of each sheet. If you do not know the answer to any question, please write 'DO NOT KNOW'.

If you want to send us any evidence or information that you think may help your claim, please do so. We will return it to you but we cannot pay you any money you have spent to get this information.

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

How the Ministry of Defence collects and uses information

Service Personnel and Veterans Agency (SPVA), as part of the Ministry of Defence (MoD) collects information for war pensions purposes. The information we collect about you will depend on the nature of your business with us. We may check information provided, or information about you which someone else has provided against other information we have. We do this, as allowed by law to:

- check the facts held;
- prevent or detect crime;
- protect public funds in other ways

The organisations we exchange information with include other government departments and local authorities.

We will not disclose information about you to anyone outside of SPVA unless the law permits us to.

The MoD is the Data Controller for the purposes of the Data Protection Act. If you want to know more about the information, please write to us quoting your National Insurance number.

Further Condition - Claim Form

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.

Part 1. About you

Please tell us your:

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

Letters	Numbers	Numbers	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Surname or 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 by (include names used when you served in the Armed 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

6. Date of birth

/ /

7. Daytime phone number where we can contact you (home/work/mobile/fax)

Code Number

Your e-mail address (if appropriate)

Part 2. About your claim - continued

16. 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.)

17. 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, i.e. MoD Form 2000, Hurt Certificates or any other papers that you have for this accident. We will return them).

- | | | |
|---|--|---|
| | Time | Date |
| 18. What time and date did the accident or incident happen? | <div style="border: 1px solid black; width: 150px; height: 25px;"></div> | <div style="border: 1px solid black; width: 150px; height: 25px; text-align: center;">/ /</div> |
| 19. Where did the accident or incident happen?
(Please be precise, for example it was on a sports field, in the mess, in your living quarters or at your home address) | <div style="border: 1px solid black; width: 100%; height: 60px;"></div> | |
| 20. At the time of the accident or incident where were you? Which town, city or country? | <div style="border: 1px solid black; width: 100%; height: 60px;"></div> | |

Part 2. About your claim - continued

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

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

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

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

Part 2. About your claim - continued

For all claimed conditions:

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

Part 2. About your claim - continued

For all claimed conditions:

35. Please tell us in your own words, why you think the disablement(s) you have described at questions 16 and or 30 was or were caused by or made worse by your service in the Armed Forces.

Part 3. About your medical treatment during service

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

(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".)

No

Please go to Part 4

Yes

Condition(s) treated

Hospital name and address

Postcode

Part 4. About your medical treatment after service - continued

Hospital 1

Treatment dates

Start

End

Conditions treated

Hospital 2

Treatment dates

Start

End

Conditions treated

38. 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 below

Hospital 1

Surname or Family name

All other names in full

Address where you lived

Postcode

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

Hospital 2

Surname or Family name

All other names in full

Address where you lived

Postcode

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.

43. Please tell us if you have claimed any other compensation from anyone else for the condition(s) you are now claiming

No **Please go to question 57**

Yes

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

Ministry of Defence
as your service employer

Overseas Government

Your civilian employer

A third party responsible for
the accident or condition

45. Please tell us their name and address

Postcode

46. Reference number (if known)

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47. Please tell us the condition(s) you claimed compensation for

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48. If the claim was against your civilian employer, please tell us what job you did

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49. Please tell us if you had help from a solicitor, insurance company or trade union when you made your previous claim

No **Please go to question 52**

Yes

50. Please tell us their name and address

Postcode

Part 5. Other information - continued

51. Reference number

52. Please tell us if you have had the result of this claim

No **Please go to question 57**

Yes

53. Did you get any money from this claim?

No **Please go to question 57**

Yes

54. How much were you paid?

55. On what date were you paid?

56. 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

57. Please tell us if you, your partner, or any immediate member of your family living with you, have claimed or are receiving, any benefits, allowances or entitlements.

- Incapacity Benefit
- Severe Disablement Allowance
- Additional Allowance Spouse
- Attendance Allowance
- State Retirement Pension
- Occupational Pension
- Disability Living Allowance
- Income Support
- Carer's Allowance
- Jobseekers Allowance
- Pension Credit

No **Go to question 62**

Yes

Part 6. About other benefits, allowances or entitlements - continued

58. What is the name of the person who claimed or is receiving benefits, allowances or entitlements?

Letters Numbers Letter

59. What is their National Insurance number?

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60. What benefits, allowances or entitlements have been claimed or are being paid?

61. When was the claim made?

62. Please tell us if you have claimed or are receiving Industrial Injury Disablement Benefit (IIDB)

No **Go to part 7**

Yes

63. Please tell us the condition(s) you claimed or are receiving IIDB for

64. When was the claim made?

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

Part 7. Payment direct into an account

We normally make payment direct into an account.

You can use a bank or 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 are 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 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 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 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.

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 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 their 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 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 from the left.

Part 7a About the account you want to use - continued

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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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 7b - 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 16 of this form, for payments overseas, all periods are paid in arrears.

Part 8. Declaration

I understand that

- the information I provide will be used to process my claim
- the Ministry of Defence may obtain and check information about this claim from a number of different sources and I agree that those sources may give and receive any information needed so that this claim can be dealt with.

I also understand that the Ministry of Defence will give me a list of those sources if I ask them to do so, and that the information which it gets may be used for other purposes, but will only be given to other people as permitted by law

I agree that the

- the Ministry of Defence
- any doctor advising the Ministry
- any organisation which is contracted to provide medical services to the Ministry, or
- any doctor providing services to that organisation

may ask

- any doctor who has treated me
- any hospital or similar place where I have received treatment
- anyone else who has given me treatment (such as a physiotherapist)

for any information which is needed to deal with this claim for war pension and any request for reconsideration, or other subsequent review, and that such information may be given to that doctor or organisation or to the Ministry.

I understand that the Ministry may use the information which it has now or may get in the future to decide whether I am entitled to the war pension I am claiming, any other war pension I have claimed, or I may claim in the future.

Part 8. Declaration - continued

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give false information, I may be liable to prosecution or other action.
- **I understand** that I must promptly tell Service Personnel and Veterans Agency of anything that may affect my entitlement to, or the amount of war pension paid.

This is my claim for war pension

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

What happens when we receive your completed claim form?

When we receive your completed WPA0002 we will send you an acknowledgement and a leaflet explaining how we make a decision on your claim.

We will write to you again with more information as soon as we can.

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.**

Part 9. For completion by Veterans Welfare Service Authorised Agents only

Name of Department or Organisation

Official address stamp

Your reference number

Signature

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

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