

## Further Condition Claim Form

### General Information

This form is for making a claim for a further condition, read it carefully and answer all the questions that apply to you, write clearly using capital letters. Where you are asked to provide information, give as much detail as possible. If there is not enough room on the form, please tell us 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.

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 19.

<b>For official use only</b>		
Control Index Checked		
Initials		
Date	/	/

## **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.

## Further Condition – Claim Form

### 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)

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2. Surname or Family name

Mr / Mrs / Miss / Ms / Dr / Rev
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3. All other names in full

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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).

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5. Address

Postcode

6. Date of birth

/ /
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7. Daytime phone number  
(home / work / mobile / fax)

Code	Number
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8. Your email address (if appropriate)

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**Part 1 – About you** continued

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

No

Yes

Please tell us your reference number

**Part 2 – About your claim**

If you are claiming for a wound or 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.

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

Are you claiming for:

A wound or injury

**Go to question 11.**

An illness, disease  
or other condition

**Go to question 25.**

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

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

12. Please describe full 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 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).

**Part 2 – About your claim** continued

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

Time

Date

14. Where did the accident or incident happen? (Please be precise, for example if it was on a sports field, in the mess, in your living quarters or at your home address)

15. At the time of the accident or incident where were you? Which town, city or country?

16. Were you:

On duty

Off duty

17. Were you:

On authorised leave

Representing your unit at a sporting event – see below

**(Please send us any evidence you have to show that you were representing your ship or unit).**

18. What unit or vessel were you serving with at the time?

19. Did you report your accident or incident to anyone in your command?

No **Go to question 21.**

Yes

20. What is their full name and service address if you know them

Postcode

21. Did you report your accident or incident to CHASP (Health and Safety)?

No

Yes



**Part 2 – About your claim** continued

**For all claimed condition(s)**

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

A large empty rectangular box intended for the respondent to provide a detailed description of how they are affected on a day-to-day basis by each of the claimed conditions.

**Part 2 – About your claim** continued

30. Please tell us in your own words, why you think the disablement(s) you have described at questions 11 and or 25 was or were caused by or made worse by your service in the Armed Forces.

**Part 3 – About your medical treatment during service**

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

No

**Go to part 4**

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

**Part 3 – About medical treatment during service** continued

	Start	End
Treatment dates	/ /	/ /
	/ /	/ /
	/ /	/ /

**Part 4 – About your medical treatment after service**

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

No

**Go to question 34.**

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 – About your medical treatment after service** continued

**Hospital 1**

Please tell us the type of treatment you had

In-patient                       Out-patient

Both

Treatment dates

Start

/ /

End

/ /

/ /

/ /

/ /

/ /

Conditions treated

**Hospital 2**

Please tell us the type of treatment you had

In-patient                       Out-patient

Both

Treatment dates

Start

/ /

End

/ /

/ /

/ /

/ /

/ /

Conditions treated

33. 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 and 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

**Hospital 2**

Surname or Family name

Mr / Mrs / Miss / Ms / Dr / Rev

All other names in full

Address where you lived





**Part 5 – Other information** continued

46. Reference number

47. Have you had the result of this claim?

No

**Go to question 52.**

Yes

48. Did you get any money from this claim?

No

**Go to question 52.**

Yes

49. How much were you paid?

50. On what date were you paid?

51. Do you have a copy of the letter telling you about the result of 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**

52. 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 55.**

Yes

**Part 6 – About other benefits, allowance or entitlements** continued

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

54. When was the claim made?

 

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

No

**Go to part 7**

Yes

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

57. 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 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.

## **Part 7 – Payment directly into an account**

### **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.

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.

**Part 7a About the account you want to use** continued.

**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

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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 quarter - officers

Every 4 weeks – other ranks

Every 13 weeks – other ranks

Weekly – other ranks

**Please note payment details are outlined on page 14 and 15 of this form. For payments overseas, all periods are paid in arrears.**

**Part 8 – 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, 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 WPA0002 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 9 – 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 form issued

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