

Restored War Widows / War Widowers Pension

Claim Form

This form is for asking us to start paying your War Widow's / War Widower's Pension again.

If any of your marriages or civil partnerships, ended in death, divorce, judicial separation, annulment, dissolution or you have a declaration that your husband, wife or civil partner had died please send us any forms or letters that show this.

Please send original certificates, we will photocopy them and send them back to you as soon as we can.

Please complete the reply part of this letter, sign and date the declaration and return it to us within three months of the date it was issued. If you delay it will affect your claim and you could lose money. A prepaid envelope is enclosed.

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

Meanwhile, if you need any further help or advice please let us know.

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

Do not worry if you do not know the exact dates to some of the questions. Just give as near as a date as you can.

Part 1 – About you **If you do not tell us all your personal details, we may have to get in touch with you for more information. This will delay your claim.**

Please tell us about yourself here

National Insurance number (you can find the number on your National Insurance (NI) 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?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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Surname or Family name

Mr / Mrs / Miss / Ms / Dr / Rev

All other names in full

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

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Date of birth

/	/
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Please send us your original birth certificate

Part 1 – About you continued

Address where you live

Postcode

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

Code	Number
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Email address (if appropriate)

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Surname you had when you were getting a
War Widow's / War Widower's Pension

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Are you married now or have you entered into
a civil partnership?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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Are you currently living with a partner as man
and wife or as civil partner?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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When did we pay you a War Widow's / War
Widower's Pension or an allowance for your
children?

Began	Ended
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

Please tell us your reference number.
(You will find this on any forms or letters we
sent you about War Widow's / War Widower's
Pension).

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Are you aged under 40 and unable to look
after yourself due to a long term illness?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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**Please send us your sick
note if you have one**

Please tell us any other personal details which you think we should know about 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 husband, wife or civil partner you got a War Widow's / War Widower's Pension for

National Insurance number

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Surname or Family name

Mr / Mrs / Miss / Ms / Dr / Rev

All other names in full

All other surnames or family names they had been known by or were using. Please include all changes of family name. Please list in date order, the most recent first.

Date of birth

/ /

Last address

Postcode

Date of your marriage or civil partnership registration

/ /

Please send us your original marriage or civil partnership registration certificate

Date of their death

/ /

Please send us the original death certificate showing cause of death

Place of death

Please tell us about their death. In particular we need to know the reason why you got a War Widow's / War Widower's Pension. What was the incident or condition that caused their death?

Part 3 – About any service your husband, wife or civil partner had which we paid you a War Widower’s / War Widower’s Pension for.

Which service were they in

Royal Navy

Royal Marines

Army

Royal Air Force

Polish Forces under British Command

Service number

Other names used

Regiment, corps, ship or unit on enlistment

Date of enlistment or entry

Regiment, corps, ship or unit on discharge

Rank or rating on discharge

Date of discharge or retirement

Was their death entirely due to one of these things, or happened early because of one of these things?

War Injury in the Merchant Navy

War Injury as a Civilian in the 1939-1945 War

War Injury as a Civil Defence Volunteer in the 1939-1945 War

Part 4 – About your most recent husband, wife or civil partner

Surname

Other names

Date of your marriage or civil partnership registration

Please send us your original marriage or civil partnership registration certificate

Part 4 – About your most recent husband, wife or civil partner continued

Only fill in the following date box that applies to you

Date of death (if they died)

Please send us their original death certificate

Date of your divorce (if you were divorced)

Please send us any forms or letters that show this and your decree absolute

Date of your judicial separation
(if you were judicially separated)

Please send us any forms or letter that show this

Date of the annulment of your marriage
(if your marriage was annulled)

Please send us a copy of the Order of the Court

Date of the dissolution of your civil
partnership
(if your civil partnership was dissolved)

Please send us a copy of the Order of the Court

Date your husband, wife or civil partner was
declared dead by a court. (if your marriage or
civil partnership ended that way).

Please send us a copy of the Order of the Court

Part 5 – About your most recent partner

If you had been living with a partner as man and wife or as civil partners please tell us about it here

Surname

Other names

Date you started living together

Date you ceased living together

Please only fill in the following box if it applies to you

Date of death

Please send us their original death certificate

Part 6 – About other husbands, wives or civil partners

Tell us below about any other husbands, wives or civil partners you have had.

We need to know:

- the names of your husbands / wives / civil partners **and**
- the dates of your marriages / civil partnerships **and**
- the dates of death, **or**
- the dates of your divorces, **or**
- the dates of your judicial separations, **or**
- the dates of your annulments, **or**
- the dates of dissolution of your civil partnerships, **or**
- the dates when your husbands / wives / civil partners were declared dead by a court.

Part 7 – About Children

Tell us about any children you support who are:

- under 16,
- over 16 but in full time education at a school, college or university, **or**
- over 16 but unable to look after themselves because of an illness that began before they were 16.
- Or who is currently in receipt of a Child Allowance, Overage Infirm Child Allowance or War Orphans Pension from Service Personnel and Veterans Agency – please tell us the reference number for this allowance.

1st child

Surname

Other names

Date of birth

/ /

Please send us their original birth certificate.

Relationship to you

2nd child

Surname

Other names

Date of birth

/ /

Please send us their original birth certificate.

Relationship to you

Part 7 – About children continued

Their address if they do not live with you

Postcode

Their address if they do not live with you

Postcode

If you have more children please tell us about them on a separate sheet of paper. Make sure you put your full name and National Insurance number on it.

Part 8 – About other benefits, allowances or entitlements

If we decide to restore your pension it may affect the amount of money you can get from certain other benefits, allowances or entitlements.

If we owe you some money from your restored pension we may need to take some money away from the amount we owe you. This depends on whether you have been getting other benefits from what we call Public Funds.

Are you receiving or waiting to hear about any of the following benefits, allowances or entitlements

- Incapacity Benefit
- Income Support
- Employment and Support Allowance (Contributory)
- Severe Disablement Allowance
- Jobseekers Allowance
- Bereavement Benefit
- Industrial Death Benefit
- Guardian's Allowance
- Employment and Support Allowance (Income related)
- Widowed Parent Allowance
- Pension Credit
- State Pension

Or any other benefit, allowance or entitlement.

 No Yes

The name of the benefit, allowance or entitlement

The date the claim or application was made

Are you receiving a Forces Family Pension from the Armed Forces Pension Scheme?

 No Yes

Please be aware that if you have claimed any benefits, allowances or entitlements, they could be affected by any War Widow's / War Widower's Pension we may pay you.

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 the husband, wife or civil partner of an officer, we can pay your War Widows / Widows Pension every month or every quarter **in arrears**. If they 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 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 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 number 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 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 9b – 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 9 of this form. For payments overseas, all periods are paid in arrears.

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 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 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

Part 11 – Checklist

Have you signed the declaration and checked this form carefully?

Have you filled in all the parts that apply to you?

Have you enclosed;

- your late husband's / wife's / civil partner's / original death certificate showing full certified cause of death?
- your original birth certificate
- your original marriage certificate or your civil partnership registration certificate?
- your sick note, if you are aged under 40 and are unable to look after yourself because you have a long term illness?
- a copy of your Power of Attorney / Appointee if you are unable to deal with your own affairs?

Please remember that we need to see the original documents, not photocopies.

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

I have enclosed certificates / letters

I have **not** enclosed certificates / letters

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 form issued

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