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www.veterans-uk.info

If you contact us please quote:

Team Room

Date:

Dear

Thank you for asking about a claim for Child Allowance

You may be entitled to this allowance for children under the age of 16 if their parent

- died due to service in HM Forces, or
- died because they were a civilian or a civil defence worker who was disabled due to the 1939 – 1945 war, or
- died because they were a merchant seaman, a member of the Naval Auxiliary Services or a Coastguard, who was disabled because of an injury or disease they got during a war, or due to the effects of detention by the enemy, or
- was getting, or could have got, a War Pensions Constant Attendance Allowance when they died.

Children over the age of 16 may be entitled to an allowance if they are in full time education at a school, college or university.

Please answer the questions in the reply part of this letter and sign and date the declaration on page 12.

Send the form back to us as soon as you can with a copy of the death certificate that shows the full certified cause of death. You do not need to send us the original we will accept a photocopy. If you send us the original we will photocopy it and send it back to you as soon as we can.

Please send us the birth certificate for the children you are claiming for.

Please send this form back to us to reach 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.

Yours sincerely

For Chief Executive

Part 2 – About the person that died

Please tell us about the children's parent that died

7. National Insurance number

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You can find the number on the National Insurance (NI) number card, payslips or letters from the Jobcentre Plus or Social Security Office.

8. If you do not know their NI number has one ever been used at any time?

Yes

No

9. Surname or Family name

Mr / Mrs / Miss / Ms / Dr / Rev

10. All other names in full

11. All other surnames or family names that have been used. Please include maiden name, all former married names and all changes of family name. Please list in order, the most recent first.

12. Date of birth

13. Date of death

14. Address where they lived

Postcode

Tell us about any other personal details 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 3 – About the service of the person that died

Tell us about any service they had in HM Forces if you know it.

15. Did they serve in the HM Forces

No – go to part 4

Yes

16. Who did they serve with?

Royal Marines

Royal Navy

Royal Air Force

Army

Polish Forces
under British
Command

Home Guard

17. Their service number

18. Other names they used

19. Their regiment, corps or unit on enlistment

20. Date of enlistment or entry

If they served in the Home Guard please tell us

21. The name of their last commanding officer

22. Their occupation in the Home Guard

23. The number of their battalion

24. The last county they served in

25. Their address on enlistment

26. Tell us their reason for leaving the service

Normal 'demob' after 1914-18 war

Normal 'demob' after 1939-45 war

End of whole-time National Service

Completion of 'Peace-time' Regular
engagement

Completion of 'Peace-time' Territorial
engagement

Medical Discharge

Part 3 – About the service of the person that died - continued

Any other reason

27. Regiment, corps or unit on discharge

28. Rank or rating on discharge

29. Date of discharge or retirement

30. Civilian occupation on discharge

31. Did they have any other service in the Armed Forces? (This could have been Army Emergency Reserve, Territorial Army or something like this)

No

Yes –
Please tell us their
service number

Their regiment, corps or unit

Rank or rating

Date of enlistment or entry

Date of discharge or retirement

Part 4 – About the children you want to claim for

32. Tell us about them here

1st Child

Surname

Other names

Date of birth

Place of birth

2nd Child

Surname

Other names

Date of birth

Place of birth

Part 4 – About the children you want to claim for – continued

1st Child – continued

If this child does not live with you please tell us where they live

Postcode

33. Do you pay money towards the support of these children?

34. Did the person that died pay money towards the support of these children?

35. If any of these children are over age 16 please tell us why you want to claim an allowance for them. Remember, they must be in full time education at a school, college or university

2nd Child – continued

If this child does not live with you please tell us where they live

Postcode

No

Yes

No

Yes

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If you want to claim for more children please tell us about them at Part 8 on page 10.

Part 5 – About other children

36. If you know about any other children that may be able to get this allowance tell us about them here, but they must be children of the person that died.

1st Child

Surname

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Other names

--

Date of birth

/ /

Name and address of the person that looks after them

Postcode

2nd Child

Surname

--

Other names

--

Date of birth

/ /

Name and address of the person that looks after them

Postcode

If you know about more children tell us about them at Part 8 on page 10.

Part 7 – Payment direct into an account – continued

What to do now:

- tell us about the account you want to use. By giving us your account details you are agreeing to be paid by Direct Payment and understand the above information about being overpaid.
- if you do not 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 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.
- to be paid into a credit union 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

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

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 the number from the left

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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 number 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?

Every month

Every 4 weeks

Every quarter

Every 13 weeks

Weekly

Please note: payment details are outlined on pages 7 & 8 of this form. For payments overseas, all periods are paid in arrears.

Part 8 – Anything else you want to tell us about

If you want to tell us about anything else please use this space.

A large empty rectangular box intended for providing additional information.

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 it.

Part 9 – 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