

## War Pension - Application for a review

You contacted us recently to tell us about a change in your condition.

We can increase your war pension if your accepted condition has worsened, or, if another condition has made your accepted war pension disablement worse.

Unfortunately we cannot take into account any deterioration which is purely as a result of the ageing process.

Please complete this form giving us as much information as you can. If you have any supporting information please send it to us. For example:

- a photocopy of an appointment card where you have needed treatment for the condition you have asked us to look at again
- a letter or short statement from someone who is treating you confirming you have had treatment or asked for advice because your condition has changed. This can be any health care professional recognised by the NHS such as:
  - a GP
  - a hospital consultant
  - a physiotherapist
  - a chiropodist.

Please note that we cannot refund any cost you may incur to confirm the treatment.

If you need any help completing this form the Service Personnel and Veterans Agency (SPVA) Veterans Welfare Service can help. Please see our contact details below.

Please answer the questions in the reply part of this letter then sign and date the **Declaration** part on **page 13** and return it to us. A prepaid envelope enclosed.

**It is a legal requirement of the War Pension Scheme that SPVA is provided with information or evidence , reasonably requested in order to complete a review. If we do not receive this information or evidence within 3 months of this request we will suspend payment of your war disablement pension.**

**If you are having difficulty in providing any of the information requested, you should contact our Veterans Helpline for help or advice.**

## **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 writ 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.

**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 review and you could lose money.

Please tell us your:

1. National Insurance number (NINO)

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2. Surname

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

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4. All other Surnames you have been known by or are using now. Please include maiden name, all former married names and any other changes of name. Please list in date order, the most recent first.

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5. Address

Postcode

6. Date of birth

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7. Daytime contact phone number

Code	Number
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8. E-mail address (if you have one)

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## Part 2 About this application

9. Please tell us why you think your disablement assessment should be reviewed.

In particular:

- how has your disablement changed since the assessment was made?
- has your war pensioned disablement increased because of the effects of some other injury or disease? If so please also tell us how they affect you.





## Part 2 About this application - continued

14. Are you receiving treatment for your war pensioned disablement from any other health care professional recognised by the National Health Service?

No **(Go to question 15)**

Yes

Please tell us their name and address


15. Are you enclosing medical evidence to support your application?

Yes **(Go to question 17)**

No

16. If you are not sending supporting evidence, please explain why you think your condition has become worse because of service.

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### Part 3 About other benefits, allowances or entitlements

17. Please tell us if you have claimed, 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
- Attendance Allowance
- Employment and Support Allowance (Income related)
- Pension Credit

Yes

No **Go to Part 4**

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

When was the claim made?

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If you have claimed or are receiving Industrial Injuries Disability Benefit (IIDB), please tell us the condition(s) you claimed or are getting IIDB for

When was the claim made?

/ /

## **Part 4 - Payment direct 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 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 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 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 4a - 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 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.

### Full name of bank, building society or other account provider.

### Sort Code

Please tell us all 6 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 numbers from the left

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## Part 5 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**

- 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.

## Part 5 Declaration - continued

**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**

**Intentionally blank**

**Intentionally blank**

**For completion by Veterans Welfare Service or 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 claim form issued

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