



## We have many ways we can communicate with you

If you would like braille, British Sign Language, a hearing loop, translations, large print, audio or something else please call us on **0800 121 8379** or textphone **0800 169 0314** and tell us which you need.

Calls to 0800 numbers are free from landlines and mobiles.

## Treating people fairly

We are committed to the Equality Act 2010 and treating people fairly. To find out more about this law, search 'Equality' on **www.gov.uk**

## About this form

This form is for claiming Industrial Injuries Disablement Benefit for an accident:

- at work, or
- whilst on an approved training scheme or course.

You can not claim Industrial Injuries Disablement Benefit if you were self-employed when the accident happened. Please read the **BI100A Notes** before filling in this form.

## Important information about filling in this form

Answer all the questions that apply to you and your partner, if you have one.

If you are filling this form in with a pen, write in black ink and use CAPITAL LETTERS.

Please make sure that you complete the **Consent** in **Part 2** and sign the **Declaration** in **Part 12**. If you do not fill this in, we will contact you and it may delay your claim.

For more information on how to complete this claim form, please refer to the accompanying **BI100A Notes** that came with this form. This explains all the documents you should send with this claim for Industrial Injuries Disablement Benefit. This should include:

- any wage slip which covers the period of the accident
- the accident report form from your employer
- any medical evidence you have.

You can send us a copy of any medical reports or letters you already have to support your claim. You do not need to get a new medical report just for this claim.

We may invite you to attend a medical assessment with a healthcare professional. If you need a home visit, please provide full details of why you need one, and send us any medical evidence you already have to support this request. Do not ask or pay for new evidence.

If you want help in filling in any part of this claim form, please call **0800 121 8379**. You can find all our contact details in the notes we sent with this form.



**15 Your partner's address**

Postcode

**16 Your partner's date of birth**

DD/MM/YYYY

**17 Your partner's National Insurance (NI) number**

You can find the number on your National Insurance (NI) numbercard, letters about your benefit or wage slips.

**How DWP uses this information**

DWP uses this information to:

- process your claim
- make a decision on your claim, or any mandatory reconsideration or appeal you make.

The law allows DWP to get, keep and use this information.

Your doctor (or other relevant professionals you tell DWP about) needs your consent to give information to DWP. If you give your consent, this lets them know that they are legally allowed to share this information with DWP.

DWP can lawfully ask your doctor, hospital consultant or other relevant professionals for information about your health condition and how it affects you. This is because we are asking for the information to help us carry out our official social security functions.

You do not have to give your consent. If you do not, DWP will make a decision based on the information they have already, as well as any you give them yourself.

**If you change your mind**

You can change your mind. You can do this by contacting **0800 121 8379** and say you want to give or withdraw your consent. If you withdraw your consent, DWP cannot get information from your doctor or others named on your form.

**Part 2: Consent**

**Sharing information about your health condition**

The Department for Work and Pensions (DWP) or approved health care professionals that work for DWP, might need more information about your health condition and how it affects you.

They might ask for relevant information from your doctor, or any other relevant professional you tell them about.

**18 Do you give consent for your doctor or other relevant professionals to give DWP more information about your health condition?**

No, information about my health cannot be shared with DWP or the health care professionals that work for them.

Yes, information about my health can be shared with DWP or the health care professionals that work for them.

**I have read and understood the text above.**

**Signature**

[Signature box]

**Date**

DD/MM/YYYY

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## Part 3: Filling in the form and signing it for someone else

### Please read page 7 of BI100A Notes

Only complete this section if you are filling in the form for the claimant because they cannot do so or they have died.

<p><b>19</b> Please tell us why the claimant cannot fill in the form themselves</p>	<p><b>25</b> Address</p> <p>Postcode</p>
<p><b>20</b> If the person has died, please tell us when this happened DD/MM/YYYY</p> <p>Please send a copy of the death certificate with this form.</p> <p><b>Tell us about yourself</b></p>	<p><b>26</b> Your mobile phone number</p>
<p><b>21</b> Title For example, Mr, Ms, Mrs, Miss or other.</p>	<p><b>27</b> Your daytime phone number If you have one.</p>
<p><b>22</b> Surname or family name</p>	<p><b>28</b> Your email address</p>
<p><b>23</b> All other names In full.</p>	<p><b>29</b> Date of birth DD/MM/YYYY</p>
<p><b>24</b> What is your relationship to the claimant?</p>	<p><b>30</b> National Insurance (NI) number You can find the number on your National Insurance (NI) numbercard, letters about your benefit or wage slips.</p>

## Part 4: About your work or your approved employment training scheme or course

Tell us about your job or training scheme at the time of this accident.

<b>31</b>	<b>Name of the employer or training provider at the time of the accident</b>
<b>32</b>	<b>Employer's or training provider's address</b>  Postcode
<b>33</b>	<b>If your employer or training provider has changed their name or address since your accident, please tell us the new details</b>  Postcode
<b>34</b>	<b>In which business area is this company involved?</b>
<b>35</b>	<b>Is this employer or training provider still in business?</b>  No Yes

<b>36</b>	<b>If you were on an approved employment training course, who sent you on it?</b> For example, Jobcentre Plus or another organisation.
<b>37</b>	<b>Were you employed by an agency?</b>  No Yes  <b>If you were employed by an agency please provide their name and address</b>  Postcode
<b>38</b>	<b>Employer's or training provider's phone number</b>
<b>39</b>	<b>Employer's or training provider's email address</b>
<b>40</b>	<b>Workplace</b>

**41 When did you work there?**

This means when you actually went to work. If you were employed by the company but were off work sick, please enter the date when you last went to work. If you are not sure of the dates, give an approximate date.

DD/MM/YYYY

From

To

**42 Your job title**

**43 Payroll, staff or other reference number**

**44 If you were on a training course, what type of training course were you on?**

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## Part 5: About the accident

Please tell us about the accident. Give as much information as you can.

**45 What date and time did the accident happen?**

Please send in your wage slip for this date.

DD/MM/YYYY

Date

Time

**46 Where at work did the accident happen?**

Please tell us the exact place where it happened.

**47 Have you reported the accident to your employer or training provider?**

Please send us a copy of the accident report.

No

Please tell them about the accident now.

Yes

Please tell us the name of the person you reported the accident to.

**48 If you were employed by an agency did you report the accident to the agency?**

No

Yes

**49** Have you ever claimed benefit under an Industrial Injuries Scheme for this accident?

No

Yes

Please tell us when.

DD/MM/YYYY

**50** Have you ever contacted us about this accident in the past?

No

Yes

Please tell us when.

DD/MM/YYYY

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## Part 6: Details of the accident

**51** What was the accident and how did it happen?  
What were you doing when the accident happened?

Please give as much information as you can.

**52 Please describe the injuries caused by the accident**

Please give as much information as you can. For example, if you injured an arm, tell us if it was your left or your right arm.

**53 In what way has the accident affected you?**

Please let us know how the injury has affected you since the accident. Also, how is this currently affecting you? Provide details of any employment since your accident.

## Part 7: About earlier claims for Industrial Injuries Disablement Benefit

**54** Have you ever claimed Industrial Injuries Disablement Benefit for any other industrial disease or for an industrial accident?

No Go to Part 8

Yes

**Please provide details of the claims**

### Claim 1

**55** If you claimed for an industrial accident before, what was the date of the accident?

DD/MM/YYYY

**56** If you claimed for an industrial disease before, what is the name of the disease?

**57** When did you claim?

If you are not sure, give an approximate date.

DD/MM/YYYY

### Claim 2

**58** If you claimed for an industrial accident before, what was the date of the accident?

DD/MM/YYYY

**59** If you claimed for an industrial disease before, what is the name of the disease?

**60** When did you claim?

If you are not sure, give an approximate date.

DD/MM/YYYY

## Part 8: About medical details

**Please tell us the name and address of your GP**

**61** GP's name

**62** GP's address

Postcode

**63** GP's phone number, if you know it

Please send us any medical reports or letters you may have to support your claim. These could be from your Consultant, GP or other health care professional. Examples of these are shown in the BI100A Notes.

**Please send a copy with this form.**

**64** Have you attended a hospital or clinic, because of the accident?

No **Go to question 72**

Yes

Please tell us about the hospital or clinic you have been to because of the accident. If you need to tell us about more than one hospital or clinic, use the space in **Part 11: Other information.**

**65** Name of hospital or clinic

**66** Address of hospital or clinic

Postcode

**67** Reference number or admission number

**68** Department or ward

**69** Name of specialist

If you know their name

**70** **Dates of treatment**

DD/MM/YYYY

**Treatment 1**

From

To

**Treatment 2**

From

To

**Treatment 3**

From

To

**71** **Did you have an x-ray?**

No

Yes

**72** **We may ask you to go for an assessment with a doctor or health care professional**

If you have any problems with going for an assessment, please tell us about them.

Tell us if you can travel by taxi or if a friend or relative can give you a lift.

Please provide full details of why you need a home visit, and send us any medical evidence you already have to support this request. Do not ask or pay for new evidence.

**73** Tell us any dates and times that you may not be able to go for a medical assessment in the next 6 months.

If you receive any further medical reports or letters you can bring these to the assessment.

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## Part 9: About other benefits and entitlements

**74** Are you, or your partner if you have one, getting either a War Disablement Pension or a payment from The Armed Forces Compensation Scheme?

Please tick all the boxes that apply.

We use partner to mean:

- a person you live with who is your husband, wife or civil partner, or
- a person you live with as if you are a married couple.

### You

War Disablement Pension

Armed Forces  
Compensation Scheme

### Your partner

War Disablement Pension

Armed Forces  
Compensation Scheme

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## Part 10: How we pay you

We can pay your Industrial Injuries Disablement Benefit:

- every week in advance
- every 4 weeks in arrears, or
- every 13 weeks in arrears.

**75** Please tell us how often you want us to pay your benefit

Every week

Every 4 weeks

Every 13 weeks

If you want more information, get in touch with the Industrial Injuries Disablement Benefit office. You can find the office mailing addresses and contact telephone number in the **BI100A Notes** which we sent you with this form.

### We normally pay your money into an account

Many banks and building societies will let you collect your money at the Post Office. We will tell you when we will make the first payment and how much it will be for. We will tell you if the amount we pay into the account is going to change.

### Finding out how much we have paid into the account

You can check your payments on account statements. The statements may show your National Insurance (NI) number next to any payments we have made. If you think a payment is wrong, get in touch with the office that pays you straight away.

### If we pay you too much money

We have the right to take back any money we pay that you are not entitled to. This may be because of the way the system works for payments into an account.

For example, you may give us some information, which means you are entitled to less money. Sometimes we may not be able to change the amount we have already paid you. This means we will have paid you money that you are not entitled to. **We will contact you before we take back any money.**

### Your account details

Please tell us about the account you want to use on the next page:

- by giving us your account details you:
  - agree that we will pay you into an account, and
  - understand what we have told you above in the section **If we pay you too much money**
- if you are going to open an account, please tell us your account details as soon as you get them
- if you do not have an account, please contact us and we will give you more information
- you can use an account in your name, or a joint account
- you can use someone else's account if:
  - the terms and conditions of their account allow this,
  - they agree to let you use their account, and
  - you are sure they will use your money in the way you tell them
- you can use a credit union account. You must tell us the credit union's account details. Your credit union will be able to help you with this
- if you are an appointee or a legal representative acting on behalf of the claimant, the account should be in your name only.

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## Please tell us your account details below

It is very important you fill in all the 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 your chequebook or bank statements. If you do not know the account details, ask the bank or building society.

**76 Name of the account holder**

Please tell us the name of the account holder exactly as it is shown on the bank card or account statement.

**77 Name of bank or building society****78 Sort code**

Tell us all 6 numbers, for example 12-34-56.

— — —

**79 Account number**

Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

**80 Building society roll or reference number**

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.

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## Part 11: Other information

**81** Please use this space to tell us anything else you think we might need to know.

If there is not enough space, please use a separate sheet of paper.

Make sure that you:

- put your full name and National Insurance number on each sheet of paper, and
- sign and date each sheet that you use.

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## Part 12: Declaration

To make sure you get the benefit you are entitled to, it is important that the information you provide is correct and complete. You will be asked to sign this form to declare the answers you have given are correct.

- I declare I understand Industrial Injuries Disablement Benefit Notes, and that the information provided on this claim form is correct and complete.
- I understand that I must report all changes in my circumstances which may affect my entitlement promptly and by failing to do so I may be liable to prosecution or face a financial penalty.
- I will phone or write to the office that pays my benefit to report a change of circumstances.
- I understand if I give false or incomplete information or fail to report changes in my circumstances promptly, my Industrial Injuries Disablement Benefit may be stopped or reduced and any overpayment of Industrial Injuries Disablement Benefit may be recovered. In addition I may be prosecuted or face a financial penalty.

This is my claim for Industrial Injuries Disablement Benefit.

<p><b>Signature</b></p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
<p><b>Date</b> DD/MM/YYYY</p>

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## Part 13: What to do now

Check that you have:

- answered all the questions in full that apply to you
- completed the Consent in **Part 2**
- signed the Declaration in **Part 12**
- included wage slips which cover the period of your accident
- included a copy of the accident report or Accident Book entry (if you have this)
- included your evidence to support a home visit
- included any medical reports or letters you may have to support your claim. These could be from your Consultant, GP or other health care professional.

Do not get a new medical report especially for this claim.

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## Part 14: How DWP collects and uses information

When we collect information about you we may use it for any of our purposes.

These include:

- social security benefits and allowances
- child maintenance
- employment and training
- investigating and prosecuting tax credits offences
- private pensions policy, and
- retirement planning.

We may get information about you from other parties for any of our purposes as the law allows to check the information you provide and improve our services. We may give information about you to other organisations as the law allows, for example to protect against crime.

To find out more about our purposes, how we use personal information for those purposes and your information rights, including how to request a copy of your information, please search for DWP Personal Information Charter on [www.gov.uk](http://www.gov.uk)