

# Suspension and termination guide

# **About this guide**

## About this guide

- 1 The main contents list at the front of this guide:
  - lists the main headings within every section of this guide **and**
  - is a quick reference to the structure of the guide and its subject.
- 2 This guide is divided into four sections. Each section has its own comprehensive contents. Each section contents gives a detailed list of that section's subject headings.

3 - 49

## What this guide includes

- 50 This guide includes instructions to staff:
  - involved in suspending and terminating a customer's payment of benefit
  - who have to stay a decision on a customer's claim to benefit.
- 51 This guide replaced the former Suspending and Withholding Payments Guide (withdrawn in 1999).

52 - 99

## What this guide does not include

- 100 This guide does not include:
  - details of the action to take on computer systems to suspend, terminate entitlement to benefit or stay a decision. This action can be found in the relevant guidance for individual benefits
  - details of the issues that will lead to a case being stayed. This information can be found in the relevant guidance for individual benefits

101 - 999



# **ABBREVIATIONS**

# Abbreviations

## A

<b>AA</b>	Attendance Allowance
<b>ADI</b>	Adult Dependency Increase

## C

<b>CAP</b>	Code of Appeals Procedure
<b>CS</b>	Child Support
<b>CTB</b>	Council Tax Benefit

## D

<b>D&amp;A Regs</b>	Social Security and Child Support (Decisions and Appeals) Regulations 1999
<b>DCI</b>	Departmental Central Index
<b>DLA</b>	Disability Living Allowance
<b>DM</b>	Decision Maker
<b>DMA</b>	Decision Making and Appeals
<b>DMG</b>	Decision Maker's Guide

## F

<b>FtT</b>	First-tier Tribunal
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## G

<b>GAP</b>	Guidance and Procedures
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## Abbreviations

### H

**HB** Housing Benefit

### I

**IIDB** Industrial Injuries Disablement Benefit

**IBLT** Incapacity Benefit Long Term

**IOP** Instrument of Payment

**IPC** International Pension Centre

**IS** Income Support

### J

**JSA** Jobseeker's Allowance

**JSA(IB)** Jobseeker's Allowance (Income-Based)

**JSAPS** Jobseeker's Allowance Payment System

### L

**LA** Local Authority

### P

**PDCS** Personal details computer system

### S

**SS** Social Security

**STB** Short-term benefit

**Abbreviations**

**T**

| **TS** Tribunal Service

**U**

| **UT** Upper Tribunal

# **Glossary**

# Glossary

<b>Abatement</b>	A recovery process during which payment(s) of one benefit paid 'on account' of another benefit is recovered from the arrears of the other benefit after an award is finalised.
<b>Appeal made</b>	When an appeal is received or the date when the Secretary of State accepts that the appeal is duly made.
<b>Appeal submission</b>	The formal notification to the tribunal and customer explaining the reason(s) for the Secretary of State's decision.
<b>Appeal Tribunal (AT)</b>	A tribunal consisting of one, two or three panel members according to the issues of the case, and the particular expertise required, e.g. medical expertise.
<b>Decision Maker (DM)</b>	The person who makes decisions on behalf of the Secretary of State.
<b>Lookalike cases/ lead case</b>	Cases on which the Secretary of State can suspend the award of benefit when it involves an issue which is the subject of an appeal before the Social Security Commissioners or higher courts, i.e. the 'lead case'.

**Appendix 2**

**Draft Letters  
(DL/SUSTERM 2)**

# Contents

## Introduction

General .....	1000
Responsibilities when suspending payments, terminating entitlement to benefit or staying a decision .....	1050
Who can suspend payment, terminate entitlement or stay a decision .....	1100
When to consider suspending payment .....	1150
When entitlement to benefit must be terminated .....	1200
When to consider staying a decision relating to entitlement .....	1250
Judicial review .....	1300
Hardship .....	1350
Notifying the customer of a decision to suspend payment, terminate entitlement or stay a decision .....	1400

# Introduction

## General

1000 The Secretary of State has the discretion to suspend payment, wholly, or in part, terminate entitlement to benefit or stay a decision to award benefit. The powers to do this are exercised by DMs acting on behalf of the Secretary of State and are set out in sections 21, 22, 23, 24 and 25 of the Social Security Act 1998. The legislation governing the use of these powers is in the D&A Regs.

1001 Having discretion means that officers performing these duties must consider:

- each case on its own merits before suspending payments, terminating entitlement to benefit or staying a decision **and**
- whether hardship will occur if these powers are used.

1002 - 1049

## Responsibilities when suspending payments, terminating entitlement to benefit or staying a decision

1050 The officer suspending payments of, or terminating entitlement to benefit or staying a decision must:

- consider each case carefully on its merits, taking into account all factors that might make the decision unacceptable
- consider whether it is appropriate to suspend payments or stay a decision in full, in part or not at all
- give the customer the opportunity to give any reasons they may have for not suspending, terminating or staying a decision
- be able to show they acted reasonably whenever they exercise their discretion **and**

1051-1099

- record the decision, advise the customer of it in writing and keep a copy of the letter with the customer's papers.

1051 If the correspondence you have sent to the customer is returned, i.e. the customer no longer lives at that address, you must take steps to ensure that you have tried to trace the customer, i.e.:

- check CIS to see if there is a new address
- telephone the customer
- arrange a visit to the last known address.

1052 If suspending payment will result in hardship, a decision to suspend should not be made. If an existing suspension is causing hardship, the payment of benefit must be re-instated immediately. If staying a decision would result in hardship the DM should make the decision and pay benefit.

**Note:** Interim payments cannot be made to prevent hardship in these circumstances.

1053 - 1099

## Who can suspend payment, terminate entitlement or stay a decision

1100 Only suitably trained and experienced officers can:

- suspend payments
- terminate entitlement to benefit **or**
- stay a decision.

**See DMG Chapter 01 for information on the different roles of the Secretary of State**

1101 Officers carrying out these duties must be able to:

- use the discretionary powers in an objective and unbiased way
- appreciate the effect their decision may have on customers **and**
- give a reasoned account of the factors that were considered when making a decision.

1102 Evidence will be needed if the decision is challenged by judicial review.

1103 When possible, the officer making the suspension or termination should be a different person from the officer who determined the award.

1104 The decision to suspend payment is open to possible challenge by judicial review if, among other things, it is taken by the same officer who awarded benefit. Ensuring a different officer makes the decision on suspending payment avoids a possible conflict of interest.

**See Judicial review in this part**

1105 There may be exceptional circumstances when an officer suspends a payment or terminates entitlement without realising that they themselves made the award. However, business units should try to ensure this does not happen.

1106-1149

- 1106 Before suspending payments or terminating entitlement, officers are advised to check available information on their computer system to identify the officer who made the award of benefit, e.g. on JSAPS, use dialogue JA570: Enquiry/Notification to identify the staff number of the awarding officer.
- 1107 For the same reason, if an officer has had previous involvement with the claim, e.g. appeals officers, fraud officers or presenting officers who have dealt with the customer's appeal, they should not usually be involved when considering a suspension or termination.
- 1108 Unit Managers must consider these factors carefully when deciding which officers should carry out these duties.

1109 -1149

## When to consider suspending payment

- 1150 Consider suspending payment if questions arise about whether:
- the conditions of entitlement to benefit are or were fulfilled
  - an award should be revised or superseded
  - any amount paid or payable by way of, or in connection with a claim is recoverable
  - the last address you were notified of, is not the address where the customer is residing
  - the customer is required to be medically examined and fails to attend a medical, on at least two consecutive occasions, without good cause

**Note:** This does not apply to IFW and LCW cases.

### See Benefit specific guidance

- an appeal is pending against a decision of an FtT, UT or Higher Court
- an appeal is pending in a different case, i.e. the lead case. The result of that appeal may affect the case you are considering, i.e. the lookalike case.

- 1151 The customer has no right of appeal against the decision to suspend payments. However, the customer can ask for the decision to be changed at any time. Ultimately, the customer can challenge the decision through the courts by way of judicial review.

### See Judicial review in this part

- 1152 Where correspondence is returned marked “DLO” then payment of benefit can be suspended. This includes ESA IB and SDA. Should further correspondence be marked “DLO” then entitlement can be terminated as in paragraph 1200

1153-1200

## When entitlement to benefit must be terminated

1200 Entitlement to benefit must be terminated when:

- benefit has been suspended in prescribed circumstances and it has not been possible to resolve the problem
- a customer has failed to provide relevant information within one calendar month **and**
- the whole amount of benefit payable has been suspended **or**

**Note:** Where you have difficulty in contacting the customer, i.e. they are no longer at the address known to the Department, consider extending this period,

- payment of benefit has been suspended because the customer failed to attend a medical on at least two consecutive occasions, without good cause, and following the suspension, the customer continues to fail to have a medical

**Note:** This does not apply to incapacity for work cases.

**See IIDB and STB guides**

1201 The customer has a right of appeal against a decision to terminate their award of benefit.

1202 - 1249



## When to consider staying a decision relating to entitlement

- 1250 Consider staying a decision relating to an award of benefit when:
- a decision is outstanding about whether an award of benefit should be made, revised or superseded **and**
  - an appeal is pending in another case and the outcome of that case may have an effect on the case that is currently being considered.

1251 - 1299

## Judicial review

- 1300 To avoid the possibility of a judicial review, when you are suspending payment or staying a decision relating to an award of benefit you **must**:
- follow the legislation in the D&A Regs **and**
  - apply the procedures in this guide.
- 1301 If a decision to suspend payments or stay a decision relating to an award is challenged in the courts, the Secretary of State **must** defend the decision. The procedure by which these challenges are usually made is called a judicial review.
- 1302 A judicial review is usually brought on one or more of the following grounds:
- **the decision was illegal.** The DM has a duty to:
    - act legally
    - act within the purposes of the Act (or provision of the regulations)
    - use their discretion in a manner consistent with the law
  - **the decision was unreasonable.** The DM has a duty to:
    - act reasonably

1303-1349

- use their discretion so that any reasonable person could have reached the same decision
- **the decision was improperly made.** The DM has a duty to:
  - act fairly, following proper procedures
  - be satisfied that the person affected by the decision has been given a fair chance to put their case forward about the matters being decided.
- **the decision was delayed.** The DM has a duty to:
  - act promptly
  - ensure a decision on a claim to benefit is given as soon as all relevant information and evidence is available.

1303 Take these factors into account when considering suspending payments or staying a decision relating to an award of benefit.

1304 - 1349

## Hardship

- 1350 Hardship must be considered when making a decision in connection with suspending payment or “staying”, and each case must be considered on its own merits.

### Example 1

A customer receiving a British SS benefit with another income who lives abroad may be less at risk of hardship in their particular location than a customer who is living in the United Kingdom.

### Example 2

A customer living in the home of relatives may not suffer hardship if you suspend all their benefit payments, whereas the situation of a homeowner with mortgages or secured loans to pay may need more careful consideration.

- 1351 In all cases, the final determining factor about whether hardship will or will not occur, must be the particular circumstances of the individual customer.
- 1352 Keep in mind the general principles outlined in this guide and benefit specific guidance when considering hardship.

1353 - 1399

## Notifying the customer of a decision to suspend payment, terminate entitlement or stay a decision

- 1400 Notifications must be sent to customers to inform them of decisions to:
- suspend payment
  - terminate entitlement to benefit **or**

## Introduction

1401-1999

- stay a decision

if you have been unable to contact the customer, the notification must be sent to the last known address.

1401 Use the draft letters at Appendix 2 for this purpose.

1402 Keep a copy of all letters that you send and file them with the customer's records.

1403 - 1999

# Contents

## Suspending payments

Circumstances when payment can be suspended.....	2000
Prescribed circumstances - Regulation 16 .....	2001
Information requirements - Regulation 17 .....	2011
Medical examination - Regulation 19 .....	2020
Factors which may make suspension inappropriate .....	2050
Period and amount of suspension .....	2100
Recording the decision .....	2150
Reconsidering the suspension.....	2200
Additional information from the customer .....	2250
Hardship.....	2300
Appeals to the UT and higher courts .....	2350
CAP .....	2351
Notifying the customer of a suspension.....	2450
Appeal cases .....	2450
Other cases .....	2460
Making payments which have been suspended .....	2461
Decision to suspend reconsidered .....	2500
Deductions to third parties.....	2550
Local Authority liaison.....	2600

# Suspending payments

## Circumstances when payment can be suspended

2000 Payment of benefit can be suspended wholly or in part under the following provisions of the D&A Regulations

- prescribed circumstances - Regulation 16
- information requirements - Regulation 17
- failure to attend medical examinations - Regulation 19.

## Prescribed circumstances - Regulation 16

2001 Benefit can be suspended in the following prescribed circumstances:

- where there is a doubt as to whether a person receiving JSA is available for or actively seeking employment
- where there is doubt whether the conditions for entitlement to benefit are (or were) fulfilled
- if a question arises over whether a decision to award benefit should be revised or superseded
- if an issue arises over whether any amount paid or payable in connection with a claim is recoverable
- if a customer is not residing at the last address notified to you
- where an appeal is pending against a decision of an FtT, UT or Court
- where an appeal is pending in a different case (the "lead case") and the result of the appeal might affect the case you are considering (the "lookalike case").

2002 If serious doubts arise you can suspend the award immediately, before notifying the customer. But the customer must be notified as soon as possible afterwards that benefit has been suspended.

## Suspending payments

2003-2010

2003 In most cases you have discretion as to whether to suspend payment. But you must suspend if an award of JSA is in doubt.

### See D&A Regs

2004 A suspension in these circumstances can continue indefinitely. But you should make every effort to bring the matter to a conclusion, either by restoring benefit or terminating entitlement.

**Note:** Entitlement to benefit cannot be terminated unless the customer is given at least one month to supply the missing information. **See Information Requirements**

2005 Before suspending payments, the question giving rise to the suspension must be supported by clear, genuine evidence.

### Example

You receive an anonymous letter saying that a jobseeker who receives JSA is working on a market stall.

This evidence alone is not enough to suspend payment.

A fraud investigator visits the market and sees the jobseeker running a market stall. This evidence raises a question about whether the jobseeker is in remunerative work.

Consider suspending the payment pending further investigations.

2006 Before suspending in a case which has been the subject of a FtT or UT decision you must:

- believe their decision to be wrong in law **and**
- be considering making an appeal to a higher authority, i.e. be in communication with DMA Leeds with a view to making an appeal.

If you impose a suspension on receipt of an FtT's decision, you must tell the customer that you have requested a copy of the statement of reasons for the FtT's decision.

2007 - 2010

## Information requirements - regulation 17

- 2011 Payment of benefit may be suspended where information is required to determine whether a decision to award benefit should be revised or superseded. Consider this
- when an application has been received for a decision to be revised or superseded
  - if a person fails to provide information or evidence relevant to the payment of benefit
  - if a doubt arises over the incapacity of a person whose entitlement to benefit depends on them being incapable of work.
- 2012 Before a suspension can be imposed in these circumstances you must notify the customer and give them a minimum of 14 days to
- supply the required information **or**
  - satisfy you that it doesn't exist **or**
  - satisfy you that it is impossible to obtain it.
- 2013 The 14 day time limit can be extended in appropriate cases. Consider each case on its merits taking into account the following:
- the customer's circumstances and the type of information required
  - if the customer is relying on a third party to provide information and they are experiencing difficulties in obtaining it, e.g. a bank
  - if the customer has a disability or illness
  - the customer's family circumstances
  - the type of benefit
  - in cases where information about the payment of benefit is required a longer period will be necessary because the customer must first have failed to satisfy that provision (reg 32(1) of the Claims and Payments Regs).

**Note:** This list is not exhaustive. The deadline for providing information for JSA claimant is 7 days

**See DMG Chapter 04**

2014 - 2019

2020-2051

## Medical examination - regulation 19

2020 Payment of benefit may be suspended when a person who is required to be medically examined fails without good cause to attend a medical examination on at least two consecutive occasions.

**Note:** This does not apply to IFW and LCW cases.

**See benefit specific guidance**

2021 In this situation it is not necessary to notify the customer before suspension is imposed but notification should be sent as soon as possible afterwards.

2022 - 2049

## Factors which may make suspension inappropriate

2050 When suspending payment, apart from cases where availability or actively seeking work (JSA) is an issue, you must consider whether the customer will suffer hardship as a consequence. While every case is different, suspending the customer's benefit might be unacceptable.

2051 You must consider the following factors:

- if the customer is elderly, frail or has physical or mental health problems, it might be unreasonable to expect them to wait for payment if the question was settled in their favour
- if the customer has young children who would be adversely affected if benefit was suspended
- if the customer has taken-on financial commitments based on a reasonable assumption that benefit would be paid to them
- it is not usually appropriate to suspend a non-income related benefit solely on the grounds that the customer may also be entitled to an income related benefit, e.g. JSA(IB) **or**
- if deductions are being made from the customer's benefit, consider whether the amount of benefit left is enough to prevent hardship.

**Note:** This list is not exhaustive.

2052 Sometimes you may need to reconsider the decision to suspend the customer's payment. For example:

- new evidence or facts are brought to light **or**
- the customer subsequently represents to you that they are suffering hardship.

2053 - 2099

## Period and amount of suspension

2100 Before suspending payment, ensure:

- suspension is still appropriate (i.e. check that the issue has not been resolved) **and**
- the suspension is only applied to the part of the award in doubt

### Example

A customer is awarded the middle rate care component and higher rate mobility component of DLA by a FtT.

The DM applies for leave to appeal against the award of the care component, and suspends payment of the care component pending the outcome of the appeal.

The mobility component remains in payment.

2101 Suspension can only be considered after benefit has been awarded. If a question arises on a new claim for benefit that must be answered before the claim can be processed, the payment cannot be suspended. A decision to award benefit is made on the basis of the evidence available.

**Note:** Although payment cannot be suspended before an award is made, you can decide to stay a decision to award benefit.

**See DMG Chapter 04**

2102 The period of suspension should be kept to a minimum. However, if you are seeking conclusion of a fraud investigation, leave to appeal, or this is a lookalike case, the suspension may be for a lengthy period.

2103-2201

2103 If payment is suspended, the suspension continues:

- unless hardship is allowed
- until the issue is decided
- until benefit is terminated

**See Terminating entitlement to benefit in this guide**

- until fraud investigation is concluded
- until it is decided not to seek leave to appeal or
- if leave to appeal is sought, until the appeal is decided.

**See CAP**

2104 - 2149

## Recording the decision

2150 Record each decision to suspend payment on form SUSP1 and keep a copy of the decision in the customer's records.

2151 - 2199

## Reconsidering the suspension

2200 When payment is suspended, check the progress of action being taken to resolve the question on a regular basis. It is recommended that the suspension is looked at again after a maximum of 1 month by a different decision maker to determine if the suspension can be lifted

2201 This may involve:

- checking BF/computer set diary dates/case controls
- liaising with other sections, e.g. Visiting Officers **or**
- reconsidering an initial decision to suspend payment, e.g. if new evidence is brought to light or the customer subsequently represents hardship.

- 2202 When reconsidering the suspension, it may be reasonable for the suspension period to be extended to give:
- the customer more time to obtain any necessary information **or**
  - you more time to complete ongoing enquiries when you are certain these enquiries will provide the information required.
- 2203 If the period is extended, you must continue to regularly check progress.
- 2204 If it appears there is no reasonable prospect of obtaining additional evidence, you must consider termination.
- 2205 Evidence should be gathered quickly and a decision should be made without unnecessary delay.
- 2206 If you make a decision and, as a result, the award:
- does not need to be revised, lift the suspension and pay any arrears **or**
  - is for less benefit or termination from the date payment was suspended, check the customer has received their correct entitlement.
- 2207 If a decision is made to lift the suspension:
- reinstate the customer's payments **and**
  - pay any arrears
- 2208 Enter the revised decision on the relevant section of the form SUSP1.

2209 - 2249

## Additional information from the customer

- 2250 Although the decision to suspend payment should be made on the available evidence, the customer is given an opportunity to provide details that may lead to a suspension being considered inappropriate, (except where the suspension is a result of an ongoing fraud investigation).
- 2251 The customer is notified of the decision on the appropriate draft letter. This also informs the customer that if they think there are any reasons why the

2252-2349

suspension is inappropriate, they should contact the office dealing with their benefit as soon as possible.

2252 There is no onus on the customer to prove hardship. Make a judgement, in the light of the available evidence, about whether hardship will be caused if payment is suspended.

2253 If the customer represents hardship and requests an interview, this should, if at all possible, be conducted quickly to allow a decision to be made and any notification to be sent. If in the case of a fraud investigation the customer challenges the suspension, the DM should refer the customer to the fraud investigator.

**Note:** The reason being the DM will most likely have had previous involvement with the case.

2254 - 2299

## Hardship

2300 Draft letters that are sent when payment is suspended, invite the customer to contact the office if the decision will cause hardship. It is not necessary to contact customers **before** the decision is sent, unless this will provide information about possible hardship that would not otherwise be obtained.

2301 If the customer represents they are suffering hardship after payment has been suspended, sufficient evidence should be obtained to help decide whether the suspension should be lifted.

**Note:** You must consider the actual benefit position. The reason why the suspension was originally imposed will still remain.

2302 If it appears from the evidence that hardship will be caused:

Step	Action
1	lift the suspension immediately
2	reinstate the customer's benefit payments
3	pay any arrears from the date hardship is being experienced
4	record the revised decision on the relevant section of form SUSP1
5	notify the customer using DL/SUSTERM 3.

2303 - 2349

## Appeals to the UT and higher courts

2350 Where an award of benefit is made by an FtT, a UT or a higher court, payment of benefit may be suspended when **an appeal is pending**.

### CAP

2351 In the case of a FtT decision, the law says an appeal is pending when the Secretary of State:

- is considering whether to apply for a statement of reasons for the FtT decision **or**
- has applied for a statement of reasons and is waiting to receive it **or**
- has received the statement of reasons and is considering whether to apply for leave to appeal to the UT.

2352 Also, in the case of a decision by an FtT, a UT or a court, the law states an appeal is pending when the Secretary of State:

- is waiting to receive the decision **or**
- has received the decision and is considering whether to apply for leave to appeal against it **or**
- has applied for leave to appeal but that application has not yet been decided **or**
- has been granted leave to appeal and is considering whether to proceed to make an appeal **or**
- has made an appeal but that appeal has not yet been decided

2353 In all cases in which an appeal is being considered it is important to bear in mind the time limits for appealing. In the case of an appeal to a UT the time limit is one month from the date a written statement of the reasons for the FtT's decision is issued. In the case of an appeal to the higher courts, i.e. Court of Appeal, Court of Session (in Scotland) or The Supreme Court, the time limit is three months from the date judgement is given by the UT or court.

2354-2451

2354 Where payment of benefit has been suspended, pending an appeal to the Courts or where DMA Leeds are considering taking such action, the decision to suspend payment should be kept under review. This is best done by the unit best informed about the claimant's circumstances. Ordinarily this will be the local office or central unit handling the claim or award since they are likely to be the ones to whom the claimant would report any change of circumstance, e.g. the emergence of hardship.

2355 - 2449

## Notifying the customer of a suspension

### Appeal cases

2450 If it is decided to refer a case to DMA (Leeds) to consider whether an appeal should be made, the claimant should be kept informed at all stages.

2451 The law says that the claimant must be notified as soon as reasonably practicable in **each** of the following circumstances:

- where an application for a written statement of reasons has been made
- where the Secretary of State proposes to apply to the FtT chairman for leave to appeal to the UT
- if leave to appeal is refused by the tribunal chairman and the Secretary of State proposes to apply direct to a UT for leave to appeal against the FtT's decision
- where leave to appeal has been granted by the FtT Chairman and the Secretary of State proposes to make an appeal
- where the Secretary of State proposes to apply for leave to appeal/appeal to the Court of Appeal, Court of Session or the the Supreme Court.

**Note:** In some cases as many as three separate letters will have to be issued.

Step	Action
1	send DL/SUSTERM 6 (DL/SUSTERM 8 in overpayment cases) to the customer
2	keep a copy of DL/SUSTERM 6 (8) with the customer's records.

- 2452 DMA (Leeds) will contact you when they have decided to apply for leave to appeal/appeal against a decision of a FtT, UT or court.

Step	Action
1	send DL/SUSTERM 7 (DL/SUSTERM 8 in overpayment cases) to the customer
2	keep a copy of DL/SUSTERM 7 (8) with the customer's records.

- 2453 It is important that copies of these letters are kept, because they may be required in the event of a judicial review to show that all action has been taken timeously, completely, and accurately.

- 2454 If the customer has appealed and you discover they are being overpaid, consider suspending all or part of the payment pending the appeal being heard.

2455 - 2459

## Other cases

- 2460 In all other cases:

Step	Action
1	send DL/SUSTERM 1 to the customer to notify them of the suspension
	<b>Note:</b> In DLA/AA cases, send the customer DL/SUSTERM 1A instead
	In Fraud cases, send the customer DL/SUSTERM 1B
2	keep a copy of the draft letter with the customer's records - this is important if the decision to suspend is challenged.

2461-2549

## Making payments which have been suspended

2461 Any payment of benefit which has been suspended **must be paid** when:

- in the case of a FtT decision an application for a statement of reasons is not made within one month of the day the decision was issued
- in the case of a decision of a FtT, a UT or a higher court:
  - the Secretary of State does not make an application for leave to appeal within the relevant time limit
  - having been granted leave to appeal the Secretary of State does not make an appeal within the relevant time limit
- the Secretary of State withdraws the appeal or application for leave to appeal
- the Secretary of State is refused leave to appeal where they cannot take the matter any further

2462 If an appeal to the UT is under consideration and information is being gathered by Districts on behalf of one of the central benefits such as DLA/AA, you must always bear in mind the time limits set out in para 2461. Therefore the Central Benefits Directorates must receive any information obtained by Districts in sufficient time to allow the customer to be informed in writing of a decision to suspend within the one month time limit.

2463 - 2499

## Decision to suspend reconsidered

2500 If the decision to suspend is reconsidered and payments are reinstated:

Step	Action
1	send DL/SUSTERM 3 to the customer
2	note the issue of DL/SUSTERM 3 on the revised decision part of form SUSP1.

2501 - 2549

## Deductions to third parties

2550 A third party to which benefit is being paid on the claimant's behalf should be notified of any suspension that affects the payments to it.

2551 Third parties may include:

- utilities such as the gas, electricity, and water companies **or**
- LAs for rent and council tax.

2552 Where

- payment of benefit is suspended only in part **and**
- the suspension does not affect a payment to a third party

the third party should not be informed of the suspension.

2553 Where

- payment of benefit to a third party has been suspended **but**
- the matter that has led to the suspension may be resolved and the suspension lifted before the next payment is due to be paid to the third party

the third party should not be notified of the suspension for the time being. However, if the suspension is not lifted before the next payment is due to be paid, the third party should be notified at that stage that payments have been suspended.

2554 To notify the suspension of payment, including details of the benefit involved, send form:

- A79D to the customer **and**
- A79E to the third party.

2555 - 2599

## Local Authority liaison

2600 You must inform the relevant LA if:

- the customer has claimed HB/CTB **and**
- the customer's income related benefit is suspended in whole or in part  
**or**
- benefit suspension has been lifted.

Step	Action
1	send DL/SUSTERM 4 or 5 to the LA
2	keep a copy of DL/SUSTERM 4 or 5 with the customer's records

2601 - 2999

# Contents

## Terminating entitlement

Circumstances when entitlement to benefit can be terminated.....	3000
What date should benefit be terminated from? .....	3050
Sending notification when entitlement to benefit has been terminated .....	3100
Notifying the customer .....	3100
Notifying third parties and Local Authorities .....	3110
Recording the decision.....	3150

# Terminating entitlement

## Circumstances when entitlement to benefit can be terminated

3000 The termination of entitlement must be considered and can be done when;

- a customer has been required to provide information (either in prescribed circumstances or following failure to satisfy information requirements) **and**
- the customer has failed to provide the relevant information within one calendar month, or such longer period as has been allowed **and**
- payment of benefit has been suspended in full **or**
- benefit has been suspended because the customer failed to attend a medical on at least two consecutive occasions, without good cause, and following the suspension the customer continues to fail to have a medical **and**
- at least one month has passed since benefit was suspended.

**Note:** This does not apply to IFW and LCW cases

### See benefit specific guidance

**Note:** A customer has the right of appeal against a decision to terminate benefit.

3001 Benefit that is suspended partially cannot be terminated. In these cases, suspension remains in place indefinitely.

3002 Taking into account the above, if the customer fails to provide the requested information or fails to attend a medical within one calendar month or other period, action to terminate benefit must be taken.

3003 - 3049

3050-3099

## What date should benefit be terminated from?

3050 Entitlement to benefit must be terminated from a date not earlier than the date the suspension was imposed.

**Note:** if you later find that benefit entitlement should have terminated from an earlier date for a different reason, normal revision rules should be applied.

**See DMG Chapters 03 and 04**

3051 - 3099

## **Sending notification when entitlement to benefit has been terminated**

### **Notifying the customer**

3100 If you decide to terminate payment of benefit:

<b>Step</b>	<b>Action</b>
<b>1</b>	send DL/SUSTERM 2 to the customer
<b>2</b>	keep a copy with the customer's records.

3101 - 3109

### **Notifying third parties and Local Authorities**

3110 You must notify any third parties and the relevant LA if a customer's payment is terminated.

3111 - 3149

### **Recording the decision**

3150 Record each decision to terminate payment on form SUSP1 and keep a copy of the decision with the customer's records.

3151 - 3999

# Contents

## Staying

What does 'staying' mean .....	4000
How to apply staying .....	4050
Hardship.....	4100
Action to take when the lead case is decided.....	4150
Staying when the customer appeals and an appeal is pending on another case .....	4200

# Staying

## What does 'Staying' mean

- 4000 'Staying' means to defer a decision.
- 4001 You can stay a decision if it involves the same point of law being challenged in the Courts in another case. The case at Court is known as **the lead case**. The case being considered is known as **the lookalike case**.
- 4002 Consider staying if:
- a decision is outstanding about whether an award of benefit should be:
    - made
    - revised **or**
    - superseded **and**
  - the case currently being considered i.e. the lookalike case, involves the same point of law that is being challenged in the lead case.
- See DMG Chapter 06**
- 4003 DMA Leeds will identify lead case appeals that are pending and will issue notification detailing the point of law in dispute and the type of benefits which are affected by the decision. DMA Leeds will also issue a certificate where the Secretary of State is considering an appeal.

4004 - 4049

## How to apply staying

- 4050 When it is decided staying is appropriate:
- stay the decision **or**
  - make the decision on a restricted basis.
- See DMG Chapter 04**
- 4051 Sometimes the point of law in dispute in the lead case affects only a part of benefit entitlement. In these cases pay any part of a customer's benefit that is not in doubt. Calculate benefit on the assumption that the lead case has

4052-4052

been decided and the outcome is unfavourable to the customer in the lookalike case.

4052 The following example illustrates the principle.

**Example**

IBLT is paid at a basic rate and includes an Incapacity Age Addition (IAA) that is paid at either:

- higher rate - if the customer's period of incapacity for work began before their 35th birthday **or**
- lower rate - if the customer's period of incapacity for work began before their 45th birthday

**Lead case**

A customer aged 39 claims IB and is awarded a basic rate of IBLT and IAA at the lower rate. The customer appeals on the grounds that they should have been awarded IAA at a higher rate. The grounds of the appeal are that the regulations for IAA are discriminatory to persons aged 35 and over.

The appeal is heard by an AT, and is disallowed. The case is then referred to the Social Security Commissioner.

The UT decides that the customer's case has merit and rules that all customer's under age 45 should be awarded at the higher rate of IAA.

On receipt of the decision, the DM decides to appeal to the Court of Appeal on the grounds of error of law.

**Lookalike case**

An IB customer aged 37 claims IB after the date of the UT's ruling. The claim should attract the higher rate of IAA. The DM determines that the qualification for the lower rate IAA is already satisfied. The DM looks at the question of the higher rate IAA. The DM has an element of doubt about entitlement to this because it concerns the same question of law in dispute in the lead case. Therefore the DM assumes that the lead case has been decided and the outcome is unfavourable, i.e. that the higher rate of IAA is not payable.

The DM pays the lowest rate of IAA and stays the decision on the higher rate of IAA pending the final outcome of the lead case.

4053 There is no right of appeal against a decision to stay. If a customer challenges a decision to stay, reconsider the decision in the light of all the available facts, including any additional facts that are presented by the customer. If the claimant is suffering hardship, a determination on the substantive benefit issue should be made, and any payments due from that award must then be made.

4054 If the customer challenges the decision to stay and you decide that staying is still appropriate, the customer can apply to the Courts for a judicial review.

Step	Action
1	send DL/SUSTERM 9 to the customer
2	keep a copy of DL/SUSTERM 9 with the customer's records

4055 - 4099

## Hardship

4100 Hardship must be considered as part of the initial decision to stay a case.

4101 When a decision has been stayed, the draft letters that are sent to the customer invite them to contact the office if the decision will cause hardship. It is not necessary to contact customers before the decision is sent, unless this will provide information about possible hardship that would not otherwise be obtained.

4102 If the customer represents they are suffering hardship, you should obtain sufficient evidence.

**Note:** Consideration must be given to the actual benefit position. The original reason why the decision was stayed will still remain.

4103 If you decide it is more appropriate to make a decision on the case rather than to stay the decision:

Step	Action
1	send DL/SUSTERM 3 to the customer
2	keep a copy of DL/SUSTERM 3 with the customer's records

4104 See benefit specific guidance for further details when considering hardship.

4105 - 4149

4150-4999

## Action to take when the lead case is decided

4150 When the appeal to the courts on the lead case is decided, guidance will be issued on how to apply the decision to cases that have been stayed.

4151 Make decisions on cases that have been stayed based on the guidance that is issued.

4152 - 4199

## Staying when the customer appeals and an appeal is pending on another case

4200 Staying may also apply when:

- an appeal has been made to a FtT or UT **and**
- the decision under appeal involves making, revising or superseding:
  - an award of benefit;
  - a departure direction;
  - a reduced benefit direction **or**
  - a contribution to maintenance **and**
- an appeal has been made to a court in another case **and**
- in these circumstances, it is possible that the outcome of the appeal to a court will affect the determination of the other appeal.

**See CAP Chapter 8**

4201 - 4999

# **Appendices**

## Decision to suspend benefit

Customer's Surname

Customer's other names



NINO

        

I have decided to suspend benefit as detailed below after considering all available evidence, that the customer will not suffer hardship as a result.

Payment of

Name of benefit

is suspended / part-suspended

Use if end date is known

 from / / to / /

Use if period is indefinite

 from and including / /

because

*Reason for suspension / part-suspension*

Signature

Name **IN BLOCK CAPITALS**


Date

 / /

Date customer notified

 / /

Legislation used making this decision

## Reconsideration of decision to suspend benefit

I have re-examined the above decision. In exercising my discretion the suspension is lifted from

Date suspension lifted

 / /

*Reason for lifting suspension.  
For example, customer suffering hardship, new evidence obtained*

Signature

Date

 / /

Date customer notified

 / /



<b>Decision to terminate benefit</b>	
Customer's Surname	<input type="text"/>
Customer's other names	<input type="text"/>
	<input type="text"/>
NINO	<input type="text"/>
I have decided to terminate benefit, as detailed below.	
Name of benefit	<input type="text"/>
is terminated	
<i>Use if end date is known</i>	from <input type="text"/> / <input type="text"/> / <input type="text"/>
	because
<i>Reason for termination</i>	
<input type="text"/>	
Signature	<input type="text"/>
Name <b>IN BLOCK CAPITALS</b>	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date customer notified	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Reconsideration of decision to terminate benefit</b>	
I have re-examined the above decision. I have revised the decision disallowing benefit, and benefit is awarded from	
<i>Date benefit awarded from</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<i>Reason for re-awarding benefit</i>	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date customer notified	<input type="text"/> / <input type="text"/> / <input type="text"/>

- [DL/SUSTERM 1](#) Letter to customer when payment benefit has been suspended
- [DL/SUSTERM 1A](#) Letter to customer - payment of 'DLA or AA' has been suspended
- [DL/SUSTERM 1B](#) Letter to customer where payment of benefit has been suspended in fraud cases
- [DL/SUSTERM 2](#) Letter to customer when their award of benefit has been terminated
- [DL/SUSTERM 2a](#) Letter to claimant when payment of IIDB ends
- [DL/SUSTERM 2b](#) Letter to claimant when their award of benefit has been terminated - only use for decisions notified on or after 28.10.13.
- [DL/SUSTERM 3](#) Suspended benefit/stayed award can be paid
- [DL/SUSTERM 4](#) Minute to LA informing them benefit has been suspended/ terminated
- [DL/SUSTERM 5](#) Minute to LA informing them that suspension question has been decided
- [DL/SUSTERM 6](#) Letter to tell appellant that tribunal's decision may not be acted upon as Decision Maker may appeal to the Upper Tribunal
- [DL/SUSTERM 7](#) Letter to appellant that the Decision Maker has, or has not, appealed to the Upper Tribunal
- [DL/SUSTERM 8](#) Letter to tell the appellant that the Decision Maker has, or has not, appealed to the Social Security Upper Tribunal (Overpayment)
- [DL/SUSTERM 9](#) Letter to tell the customer that a decision on their benefit has been stayed

Dear (title) (surname)

**About your (a)**

I am writing to tell you that (b)

We have decided (f)

(i)

We need some information from you to help us decide if (k). Please answer the following questions

(l)

Please send us your reply by (m). If you do not send us this information we may cancel your entitlement to benefit. Please tell us straight away if you cannot give us this information.

When you send us your reply you can use the envelope we have sent you. It does not need a stamp.

If your circumstances change it may affect the amount of benefit you get. Please tell us about any changes in your circumstances.

You cannot appeal against this decision. However, if this decision causes you hardship, please get in touch with us.

If you want more information please get in touch with us. Our address and phone number are at the top of this letter. An advice centre like the Citizens Advice Bureau or a local law centre can also give you free advice.

Yours sincerely

(insert initials and surname of sender)

## Notes for completion

- (a) insert name of benefit
- (b) use the correct option
  - (b1) we cannot pay you (a) from (c)
  - (b2) we will pay you less (a) from (c). This is because (d)
- (c) insert the date from which doubt exists
- (d) use the correct option
  - (d1) you may not be entitled to (a) from (e)
  - (d2) you may not have been entitled to (a) from (e)
  - (d3) you may not be entitled to as much (a) as we have been paying you.
  - (d4) you have failed, without good cause, on two consecutive occasions to submit to a medical examination
- (e) insert the date from which doubt exists
- (f) use the correct option
  - (f1) to stop paying £(g) from (h).
  - (f2) to stop paying benefit we already owe you from (i).
- (g) insert the amount of benefit suspended. If it is all put the full amount. If it is part say which part e.g. £xx.xx of your income based Jobseeker's Allowance. This is the amount we pay because you have a child with special needs.
- (h) insert date
- (i) insert date
- (j) insert if the benefit suspended is Jobseeker's Allowance:  
  
We will write to the local council to tell them about our decision
- (k) insert correct option
  - (k1) we can pay you (a) again.
  - (k2) we can pay you the full amount of (a) again
- (l) insert questions as required
- (m) insert date reply needed by

Dear (Title) (Surname)

**About your (a)**

I am writing about the letter we sent you on (b). (c)

Because (e)

We have decided that from (f) we will stop paying you (a)

You cannot appeal against this decision.

If you want us to look again at the amount of benefit we can pay you, you must (g)

If you do not send us this information by (i) we may stop your benefit.

If you want more information, please get in touch with us. Our address and phone number are at the top of this letter. An advice centre like the Citizens Advice Bureau or a local law centre can also give you free advice.

Yours sincerely

(insert initials or first name and surname of sender)

## Notes for completion

- (a) insert the name of the benefit
- (b) insert the date the first letter was sent
- (c) insert correct option
  - (c1) We asked you to fill in a questionnaire and send it back to us. We need the information to decide if we are paying you the right amount of benefit.
  - (c2) We asked you to reply to this letter. We need the information to decide if we are paying you the right amount of benefit.
  - (c3) We looked at your claim and we have decided that [\(d\)](#)
- (d) Insert correct option:
  - (d1) you may not be entitled to [\(a\)](#)
  - (d2) you may not be entitled to as much [\(a\)](#)
- (e) insert correct option:
  - (e1) you have not sent back the questionnaire we are not sure if we are paying you the right amount of [\(a\)](#)
  - (e2) you have not replied to the letter we are not sure if we are paying you the right amount of [\(a\)](#)
  - (e3) we looked at your claim again we are not sure if we are paying you the right amount of [\(a\)](#)
  - (e4) you have failed, without good cause, on two consecutive occasions to submit to a medical examination
- (f) insert date payment of benefit will stop
- (g) insert correct option
  - (g1) send us the information we have asked for as soon as possible.
  - (g2) send us the following information as soon as possible. [\(h\)](#)
- (h) insert the information that is needed.
- (i) insert the date the information is needed by.

Dear (Title) (Surname)

**About your (a)**

I am sorry to say that you will not be paid any more (a) at the moment.

This is because (b)

There is no right of appeal against this decision.

(d)

Yours sincerely

(insert first name and surname of sender)

(a) insert name of benefit

(b) use correct option

(b1) a doubt has arisen about your continued entitlement to (a). As a result we have suspended payment of this benefit until further notice.

(b2) Further to your interview on (c) a doubt has arisen about your continued entitlement to (a). Because of this we have suspended payment of this benefit until further notice.

(c) insert date of interview

(d) use correct option

(d1) After (e) you will not receive another cheque payment for (a) until further notice.

(d2) (e) was/will be the last date on which we will make direct payment of benefit into your account until further notice.

(e) insert date.

Dear (Title) (Surname)

### **About your [\(a\)](#)**

I am writing to tell you that you are no longer entitled to [\(a\)](#). This is because [\(b\)](#).

### **If you want to know more about this decision or if you think it is wrong**

Please contact us and we will give an explanation. You can contact us by telephone or in writing. You should contact us within **one month** of the date of this letter, or we may not be able to consider any dispute. Our address and telephone number are at the top of the front page of this letter.

### **What happens after the decision is looked at again**

If the decision can be changed we will send you a new decision. If we cannot change the decision we will tell you why. You will still have the right of appeal against the decision.

### **How to appeal**

If you want to appeal you should fill in the form leaflet GL24. Please send it to the address at the top of the front page of this letter within one month of the date of this letter. You can get this leaflet from any Social Security office or Jobcentre. An independent appeal tribunal will hear your appeal.

Yours sincerely

(insert initials and surname of sender)

### **Notes for completion**

- (a) insert name of benefit
- (b) insert the correct option
  - (b1) you have not sent us the information that we asked for on (c).
  - (b2) we asked you to get in touch with us to arrange an interview about your claim. You have not done this.
  - (b3) you have not given us a good reason for not attending the last two medical examination appointments.
- (c) insert the date we asked for the information.

## **Appendix 2**

### **DL/SUSTERM 2A**

#### **Letter to claimant when payment of IIDB ends**

Dear (Title) (Surname)

About your Industrial Injuries Disablement Benefit

I am writing to tell you that that Industrial Injuries Disablement Benefit is no longer payable. This is because you have not sent us the information that we asked for on (a).

#### **If you want to know more about this decision or if you think it is wrong**

Please contact us and we will give an explanation. You can contact us by telephone or in writing. You should contact us within **one month** of the date of this letter, or we may not be able to consider any dispute. Our address and telephone number are at the top of the front page of this letter.

#### **What happens after the decision is looked at again**

If the decision can be changed we will send you a new decision. If we cannot change the decision we will tell you why. You will still have the right of appeal against the decision.

#### **How to appeal**

If you want to appeal you should fill in the form leaflet GL24. Please send it to the address at the top of the front page of this letter within one month of the date of this letter. You can get this leaflet from any Social Security office or Jobcentre. An independent appeal tribunal will hear your appeal.

Yours sincerely

(insert initials and surname of sender)

**Notes for completion**

(a) insert the date we asked for the information.

## DL/SUSTERM 2B

Dear (Title) (Surname)

### About your (a)

I am writing to tell you that you are no longer entitled to (a). This is because (b).

### What to do if you think this decision is wrong

If you still think the decision is wrong, please get in touch with us by telephone or in writing, **within one month of the date of this letter**. If you do not contact us within one month of the date of this letter we may only be able to change the decision from the date you contact us. Our telephone number and address are at the top of this letter.

You can appeal against this decision, but you cannot appeal until we have looked at the decision again. We call this a **Mandatory Reconsideration**.

You, or someone who has the authority to act for you, can:

- ask us for an explanation of the decision, or
- ask for a written statement of reasons for the decision, if we have not already sent one
- ask us to look at the decision again, to see if it can be changed. There may be some facts you think we have overlooked, or you may have further information that affects the decision.

When we have looked at the decision again, we will send you a letter explaining what we have done. We call this a **Mandatory Reconsideration Notice**. This will include the information you need to be able to appeal.

### If you want to know more

If you want more information, please get in touch with us. Our telephone number and address are at the top of this letter.

Yours sincerely

(insert initials and surname of sender)

### Notes for completion

(a) insert name of benefit

(b) insert the correct option

(b1) you have not sent us the information that we asked for on [\(c\)](#).

(b2) we asked you to get in touch with us to arrange an interview about your claim. You have not done this.

(b3) you have not given us a good reason for not attending the last two medical examination appointments.

(c) insert the date we asked for the information.

Dear (Title) (Surname)

**About your (a)**

I am writing about the letter we sent you on (b). We told you that (c)

We have now decided that from (e) we can pay you (a). We will write to you again telling you how we will pay you.

(f)

Yours sincerely

(insert initials or first name and surname of sender)

## Notes for completion

- (a) insert name of benefit
- (b) insert date we told customer we could not pay benefit
- (c) insert correct option
  - (c1) we had decided to reduce your (a) by £(d) from (e).
  - (c2) we could not pay £(d) of your (a) from (e) because of an appeal to the Upper Tribunal or higher court about a case like yours.
- (d) insert amount of benefit
- (e) insert date
- (f) insert correct option if we have arrears to pay.
  - (f1) I am sending a cheque payment for £(d) with this letter. This is the money we owe you from (e) to (e)
  - (f2) The money that we owe you from (e) to (e) is being paid directly into your payment account.

To (a)

Name: (b)

National Insurance number (c)

Address (d)

I am writing to tell you that we have (e) the (f) from (g) for (h)

We have written to (h) to tell them about this decision.

(i)

If you want more information, please get in touch with us. Our address and phone number are at the top of this letter.

Yours sincerely

(insert initials or first name and surname of sender)

### **Notes for completion**

- (a) insert name of LA
- (b) insert customer's full name
- (c) insert customer's national insurance number
- (d) insert customer's address
- (e) insert correct option
  - (e1) terminated
  - (e2) suspended
- (f) insert name of benefit
- (g) insert date benefit suspended or terminated from
- (h) insert customers title and surname
- (i) insert following text if benefit has been suspended  
If we reinstate the (f) we will write and tell you.

To: (a)

Name: (b)

National Insurance number (c)

Address (d)

We told you on (e) that we had suspended the (f) for (b) from (h).

We have decided that (g).

We have told the customer of this decision.

If you want more information, please get in touch with us. Our address and phone number are at the top of this letter.

Yours sincerely

(insert initials or first name and surname of sender)

### **Notes for completion**

- (a) insert local authority
- (b) insert customer name
- (c) insert customers national insurance number
- (d) insert customers address
- (e) insert date the letter was sent to LA
- (f) insert name of benefit that is suspended
- (g) insert correct option
  - (g1) the suspension can be lifted from (h)
  - (g2) they are not entitled to benefit from (h)
  - (g3) full benefit can be paid from (h)
  - (g4) entitlement to benefit ended on (h)
- (h) insert date of suspension.

Dear (Title) (Surname)

**About your [\(a\)](#)**

I am writing to tell you that [\(b\)](#)

[\(g\)](#)

You have no right of appeal against this decision. However, if this decision causes you hardship please get in touch with us.

If your circumstances change it may affect the amount of benefit you get. Please tell us about any changes in your circumstances.

We will write to tell you what happens next. But if you want more information please get in touch with us. Our address and telephone number are at the top of this letter. An advice centre like Citizens Advice or a local law centre can also give you free advice.

Yours sincerely

(insert initials and surname of sender)

## Notes for completion

- (a) insert name of benefit
- (b) use correct option
  - (b1) we can only pay you (c) each week from (d). This is because (e)
  - (b2) we cannot pay you any (a). This is because (e)
- (c) insert amount of benefit to be paid. If appropriate in AA/DLA cases state also which component is being paid.
- (d) insert date(s)
- (e) use correct option
  - (e1) we are applying for a statement of reasons from the Tribunals Service for the decision made on (d) and may appeal against the First-tier Tribunal's decision.
  - (e2) we are considering whether to appeal against the decision of the (f) made on (d).
  - (e3) we are awaiting the result of the Secretary of State's appeal against the decision of the (f) made on (d).
- (f) use correct option
  - (f1) First-tier Tribunal
  - (f2) Upper Tribunal
  - (f3) Court of Appeal
  - (f4) Court of Session
- (g) insert if decision is about an overpayment:

The (f) has decided that you do not have to pay back the overpayment of £(h). This decision may change if we decide to appeal.
- (h) insert amount of overpayment

Dear (Title) (Surname)

**About your appeal**

I am writing because we told you that we may appeal against the decision of the (a) dated (b).

We have now (c) against this decision.

(d)

(e)

(f)

(i)

If you want more information, please get in touch with us. Our address and phone number are at the top of this letter.

Yours sincerely

(insert initials and surname of sender)

## Notes for completion

- (a) insert correct option:
- (a1) First-tier Tribunal
  - (a2) Upper Tribunal
  - (a3) Court of Appeal
  - (a4) Court of Session

(b) insert date of decision being appealed against

- (c) use as appropriate:
- (c1) appealed
  - (c2) applied for leave to appeal
  - (c3) petitioned for leave to appeal
  - (c4) decided not to appeal

(d) use as appropriate

We have been granted leave to appeal and will make an appeal.

(e) use as appropriate

As you may know, the tribunal has refused us leave to appeal to the Upper Tribunal. This is to tell you that we will now apply direct to the Upper Tribunal for leave to appeal.

(f) insert if payments, including hardship, are continuing:  
We will pay you £(g) a week (h) until the appeal is decided.

(g) insert amount of weekly payment

(h) insert name of benefit

(i) insert if hardship being paid

This is because we think you will suffer hardship if we do not pay.

Dear (Title) (Surname)

**About your appeal**

I am writing because we told you that we may appeal against the decision of the (a) dated (b)

We have (c)

(g)

If you want more information, please get in touch with us. Our address and phone number are at the top of this letter. An advice centre like the Citizens Advice Bureau or a local law centre can also give you free advice.

Yours sincerely

(insert initials and surname of sender)

## Notes for completion

- (a) insert correct option
  - (a1) First-tier Tribunal
  - (a2) Upper Tribunal
  - (a3) Court of Appeal
  - (a4) Court of Session
- (b) insert date of the decision being appealed against
- (c) insert correct option
  - (c1) decided not to appeal. ([d](#))
  - (c2) appealed. You will not have to pay any money back until this appeal is decided. We will write to you again about this.
  - (c3) applied for leave to appeal. You will not have to pay any money back until this appeal is decided. We will write to you again about this.
  - (c4) petitioned for leave to appeal. You will not have to pay back any money until this appeal is decided. We will write to you again about this.
- (d) (d1) This means that you will not have to repay the £([e](#)) we said you were not entitled to.  
  
(d2) This means that you will not have to repay the £([e](#)) we said you were not entitled to, but you will still have to pay back ([f](#)). We will write to you again about how to pay back the money.
- (e) insert amount of overpayment
- (f) insert balance to be repaid in partial recovery cases
- (g) use as appropriate:

As you may know, the tribunal has refused us leave to appeal to the Upper Tribunal . This is to tell you that we will now apply direct to the Upper Tribunal for leave to appeal. You will not have to pay back any money until this appeal is decided. We will write to you again about this.

Dear (Title) (Surname)

**About your claim for (a)**

I am writing to tell you that we cannot pay (b) (a). This is because there is a case like yours that has an appeal to the (c). We will make a decision on (d) when we know the result of that appeal.

(e) We will pay you £(f) from (g) because this is not affected by the case with the (c).

You cannot appeal against this decision. However, if the decision will cause you hardship, or if your circumstances change, please let us know.

If you want more information, please get in touch with us. Our address and phone number are at the top of this letter.

Yours sincerely

(insert initials and surname of sender)

## Notes for completion

- (a) insert name of benefit
- (b) use correct option
  - (b.1) some of your
  - (b.2) you
- (c) use correct option
  - (c.1) Upper Tribunal
  - (c.2) Court of Appeal
  - (c.3) Court of Session
  - (c.4) Supreme Court
- (d) use correct option
  - (d.1) your claim
  - (d.2) your application for a reconsideration of the decision on your claim
  - (d.3) your application for a reconsideration of your award
- (e) insert this paragraph if a part payment of benefit is payable
- (f) insert amount of benefit payable
- (g) insert the date benefit payable from