

Help using this Veterans UK PDF form

About this form

- **You must download and save this form to your computer before using it**
- You can save data typed into this PDF form if you use the latest version of **Adobe Acrobat Reader**
- To download the latest version of Adobe Acrobat Reader free of charge go to the Adobe website
- This means that you do not have to complete this form in one session

Helpful information for using this form

- Save the form to your computer
- After completion print the form
- Sign the form in black pen
- Post the form using the address given

The form will not save in

- older versions of Adobe Acrobat Reader
- other pdf readers, for example Preview on a Mac or Foxit on a PC

Feedback

- We would like your feedback about this form. We will only use any comments to improve future versions
- Please email your comments to: DBS-OPPT@mod.gov.uk
- **Please do not send this form or any personal information to this email address. It is for feedback comments only**

PLEASE NOTE YOU MUST SIGN THIS FORM USING A BLACK PEN. WE CANNOT ACCEPT THIS FORM BY EMAIL

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Claim Form and notes about how to claim

This form should be completed if you want to make a claim for an injury or illness you think has been caused by your service in HM Armed Forces. You can also claim for conditions you had before service - where you feel your service made them worse.

What you need to do

- Before completing this form read the information notes carefully.
- Please read all of the questions carefully and make sure you give full answers.
- Send copies of any medical or other information you already have that tells us about your condition. Providing as much information as possible may speed up the decision on your claim. We tell you which types of information we find helpful in the notes section.
We don't need you to get any new or specially prepared information and we can't refund any costs involved if you do this.

UK Special Forces (UKSF)

Any claimant who has served or is serving with UKSF **must** contact the Disclosure Cell **prior** to completing this form.

If you served after 1996 you will be subject to the Confidentiality Contract.

- You **must** apply for Express Prior Authority in Writing (EPAW) through the Disclosure Cell before putting in any claim which may disclose details of your service with UKSF or any units directly supporting them.

Click here for instructions on how to apply for EPAW

Any declaration of UKSF service will be checked and verified.

EPAW obtained or requested? Yes No

If obtained then provide:

Reference
number

Date

Where to send the completed form

Please send the completed form and any supporting documents to:

Veterans UK
Norcross
Thornton-Cleveleys
Lancashire
FY5 3WP
England

Please return the completed form as soon as you can as a delay may result in payment from a later date.

We cannot accept claim forms returned by email, or without a signature.

Please fill in this claim form and send it back to us as soon as you can



Before you fill in this form, click here to read the information **notes**

Part 1 About you

1. Title – for example Mr, Mrs, Miss, Ms
2. Surname or family name
3. All other names in full
4. Contact address

Important – You must tell us if your address or contact numbers change

Postcode

5. Daytime phone number – please include area code

Mobile number if different to number above

6. Date of birth (dd/mm/yyyy)

Letters

Numbers

Letter

7. National Insurance number

8. Have you previously made a claim under the WPS or AFCS?

Yes

No

If yes, please tell us your reference number

9. Which Armed Forces Pension Schemes are you a member of?

1975

2005

2015

None

Other



Before you answer Q10, click here to read page 3 of the information notes

10. Have you received an AFCS Fast Payment?

Yes

No

Part 2 Service details

1st Period of service

2nd Period of service

11. Name in service (if different to Part 1)

12. Service number

13. Service branch (RN, Army, RAF, RM or the Polish equivalent)

14. Service type (Regular, Reserve, Gurkha)

15. Current rank if serving or rank on discharge

16. What is/was your trade?

17. Date of enlistment

18. Date of discharge

19. Reason for discharge (if appropriate)

20. Address of your current/last Service Unit

Postcode

If you have more than 2 periods of service please continue at Part 7 - Extra Information

Part 3 - Your claim

A - Please list details of your conditions/injuries/illnesses in the table below:

You must make it clear which side of the body the injury relates to, for example left leg, right arm.

Condition/Injury/ Illness you are claiming	Medically confirmed diagnosis if known	Onset date of condition/ injury/illness	Please explain why you feel it was caused by service
Example <i>Broken left arm</i>	<i>Fractured left radius</i>	<i>01/12/2010</i>	<i>Moving boxes in store room and a box of supplies fell on my left arm.</i>

**If you need more space to tell us about your conditions/injuries/illnesses, please
continue at Part 7 - Extra Information**

Part 3 - continued

B - For a specific incident or accident:

21. What was the date of the incident/accident?

22. Where were you when you were injured?

EPAW applies for UKSF

23. What were you doing at the time?

EPAW applies for UKSF

24. Did you report the injury?

Yes

No

If yes, who did you report it to?

25. Were you in an acting rank at the time?

Yes

No

If yes, what rank?

26. Did you complete an accident report form?

Yes

No


Send us a copy if you have one

Date reported (dd/mm/yyyy)

C - For Road Traffic Accidents also tell us:

27. Reasons for the journey

28. The route you took from start to final destination

 **Part 3 - continued**

29. Were you on authorised leave at the time? Yes No

30. Details of any police involvement

31. Details of any witnesses/passengers

D - For sporting activity, adventure training or physical training injuries also tell us:

32. What was the activity?

33. Was it organised/authorised by the armed forces? Yes No

34. Were you representing your unit? Yes No

If you have them, please send copies of: Part 1 orders, Admin Instructions, Authorisation Papers.

35. Details of any witnesses

36. Details of any treatment given **at the time of the injury**

Part 3 - continued

E - If you are claiming for a condition, injury or illness which you feel started over a period of time, rather than as a result of a specific incident/event, tell us:

37. When it started
(if unknown, then approx. date)

38. Do you think the injury/illness was due to any of the following?

Trade	Duties	Training
Cold	Heat	Noise
Vibration	Chemical, biological or hazardous substances	

If exposure to chemical, biological or hazardous substances, what were they?

39. Date you first took part in the above or were exposed

40. Length of time involved or exposed

41. When did you first seek medical attention?

F – Downgrading

42. Were you downgraded for any of the conditions claimed at Part A page 4?

Yes No

If yes, please tell us:

From To

Date

Category

If you need more space, please continue at Part 7 – Extra Information

 **Part 4 Medical and Treatment**

43. Who did you first seek medical attention from?

Name

Address

Postcode

Telephone number including area code

44. What specific medical diagnosis have you been given?


45. Which medical practitioner gave this diagnosis? (By this we mean your Medical Officer, GP, Hospital or other practitioner)

Name

Address

Postcode

Contact telephone number including area code

 **Part 4 - continued**

46. Please give details of any hospital treatment you have received for your injury or illness either during or after service.

Injury or illness treated

Injury or illness treated

Name of consultant or clinic

Name of consultant or clinic

Hospital name and address

Hospital name and address

Postcode

Postcode

Hospital record number

Hospital record number

Treatment Dates

Treatment Dates


Start

End

Start

End

If you need more space, please continue at Part 7 – Extra Information

 **Part 4 - continued**

47. Are you on a waiting list for surgery for the condition/ injury/illness you are claiming?

Yes

No

48. When is this due to take place?

49. Please tell us the name and address of the hospital where this is due to take place

Postcode

50. Are you waiting for or have you received any other type of treatment for the condition/ injury/illness you are claiming?

Yes

No

51. What is/was the type of treatment?

52. Please provide the full address of where you had this treatment

Postcode

53. What is the name and address of your current Medical Officer or GP?

Name

Address

Postcode

Telephone number including area code

Part 5 – Other compensation

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For further information, click here to read page 3 of the information notes

54. Are you claiming for or have you received compensation from the MOD for criminal injuries or for civil negligence, or compensation from civil authorities in Great Britain and Northern Ireland for criminal injuries?

Yes

No

55. What condition(s) are you claiming, or have claimed, compensation for?

56. What was the outcome of your claim? (Please include any reference numbers and details of the person or organisation)

57. Please tell us the amount of any payment you received

58. What type of payment was this?

Interim settlement

Final settlement

59. When did you receive this payment?

60. If a solicitor has helped you with your claim for other compensation, please tell us their details

Name

Address

Postcode

Telephone number including area code

Part 6 About other benefits, allowances or entitlement

Payments from both the Armed Forces Compensation Scheme and the War Pension Scheme **may** affect related benefits from the Department for Work and Pensions (DWP).

It is your responsibility to inform the relevant Benefit Office, local authority, or Tax Credit Office if you receive payments under one of the schemes.

61. Are you receiving any of the following:

Personal Independence Payment (PIP) or Disability Living Allowance (DLA)	Date claim made
Income Support	Date claim made
Universal Credit	Date claim made
Income-related Employment and Support Allowance (ESA)	Date claim made
Income-related Job Seekers Allowance (JSA)	Date claim made
Tax Credits paid to you or your family	Date claim made
Housing Benefit and Council Tax Benefit	Date claim made
Industrial Injuries Disablement Benefit (IIDB)	Date claim made

62. Please tell us all the condition(s) you claimed or are getting IIDB for:

63. If you have received payment under any of the following schemes, tell us the date you were paid and the amount.

	Date	Amount
Diffuse Mesothelioma 2014 Scheme		
Diffuse Mesothelioma 2008 Scheme		
The Workers Compensation 1979 Pneumoconiosis Act		

Part 8 – Your payment details

Serving Personnel

Payments under the AFCS – For serving personnel, payment will be made into the same account as your pay. **If you have any salary splitting instructions in place then you will need to review this.**

All Ex-Service Personnel

Payment will be made directly into a bank, building society or other account. Many banks and building societies will let you collect cash at the post office.

Please indicate the payment frequency you want:

Monthly - officers

Quarterly – officers

4 weekly – other
ranks

13 weekly – other
ranks

Weekly – other ranks

Please provide details of the account you want to use. This can be:

- An account in your name.
- A joint account.
- 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.
- A credit union account.

Please note: if you are an Appointee or legal representative acting on behalf of a customer the account should be in your name.

Important – You must tell us if your account details change.

Full name of bank, building society or other account provider

Name of the account holder exactly as it is shown on the cheque book, bank card or statement

Sort code – Please tell us all 6 numbers e.g. 12-34-56

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

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, please ask the building society.

Building society roll or reference number

Accounts outside the UK

See your overseas bank statement or ask your bank for the information we need

If you want us to make payments to an account that is outside the UK, we will need the following details:

International Bank Account Number (IBAN)

Business Identifier Code (BIC)

If you want us to make payments to an account that is outside the UK, and is not in the Single European Payments Area (SEPA), we will need any of the following details that apply:

Name and Address of the Bank

Swift

Bank/Branch Code (BSB code)

Transit Routing Number

**Type of Account, e.g. Saving/
Checking**

Part 9 - Consent for Email Correspondence



For further information, click here to read page 4 of the information notes

Veterans UK is happy to conduct correspondence with customers using a nominated email address if that is their preference. There are some types of personal information we would not be able to include in email correspondence. Please read the information below.

I authorise Veterans UK to use email whenever possible in its correspondence with me using my nominated email address shown below. I accept that information including bank account details, National Insurance Numbers, medical details and any other information that could compromise my identity will not be included in emails.

I understand that correspondence transmitted by email may be open to abuse because it is transmitted over an unsecured network. I accept that the MOD will not be liable for any loss, interception or unauthorised use of information transmitted this way.

Do you wish to correspond by email?

Yes

No

Your email address

Signature

Date

We cannot accept claim forms by email

**PLEASE REMEMBER TO SIGN AND DATE
PART 11 - DECLARATION ON PAGE 18**

Part 10 – How the MOD collects and uses personal information

The Ministry of Defence (MOD) is committed to protecting the privacy and security of your personal data and the [MOD Privacy notice](#) explains your rights and provides information that you are entitled to under UK data protection legislation. It is important that you read this notice, together with any other privacy notice that may be provided when we collect or process personal information about you so that you are aware of how and why we are using such information. The [MOD Personal information charter](#) contains the standards you can expect when we ask for, hold, or share your personal information and your rights under the law.

Part 11 – Declaration

I confirm that **if** I have signed a UKSF Confidentiality Contract, I have been careful not to make unauthorised disclosures. I have sought advice from the Disclosure Cell and have EPAW to make such statements.

I confirm 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 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 Veterans UK.
- 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 DWP.
- 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 Veterans UK, and other claims against the MOD, and by other Government Departments, which have a legitimate interest in this information, for example, for the prevention and detection of crime.

I understand that

- I must immediately tell the MOD of anything that may affect my entitlement to, or the amount of, an award under the AFCS, a war pension, a supplementary allowance or any survivors' benefits paid under the SPO, or an award paid under any other scheme administered by Veterans UK, including any changes of address.
- **If I knowingly give false information, I may be liable to prosecution.**

In order to process your application

- 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.

maybe required to contact

- any doctor who has provided treatment and,
- any hospital or similar place and,
- anyone else who has provided investigation or 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 the SPO or any other schemes administered by Veterans UK.

Part 11 - continued

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 the SPO or any other schemes administered by Veterans UK, 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 also agree that the MOD may send copies of medical information obtained for the purposes of my claim, or any subsequent reconsideration, review or appeal, under the AFCS or the SPO or any other schemes administered by Veterans UK to my General Practitioner. 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 repay any sum paid as a result of this claim in the event that an overpayment is made for any reason.

Please 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

Name

Unsigned forms will be returned. This will delay your claim and could affect any payment you may be entitled to.

Part 12 - What to do now

Please check

- You have answered all the questions on this form that apply to you. Failure to answer all the required questions may affect the time taken to deal with your claim.
- You have provided any additional evidence or information that you feel will help us to understand how your health condition, injury or illness affects you, or how it was caused by service.

Checklist

Have you included full details of your current GP at page 10?

Have you completed Part 9 - Consent for Email Correspondence at page 16?

Have you signed and dated the declaration at page 18?

Have you put your name and National Insurance Number at the top of any documents or extra pieces of paper you are sending?

Please list all the documents you are sending with this claim form. For example Accident Report forms, current prescription list.

Address

Important – Tell us the address you want any **original** documents returned to, if different to the contact address at Q4.

Postcode

Send the claim form and any extra documents to the address on page 1

Part 13 – What happens next

 For information on what happens next, click here to read page 4 of the information notes



**Part 14 – For completion by Veterans Welfare Service (VWS) or
Authorised Agent only**

Name of Department or Organisation

Signature

Your reference number

Official address stamp

Date of receipt of claimant's first contact
with the VWS or 'Authorised Agent' about
this claim

Date claim form issued

Date completed claim form was received
back by the VWS or the 'Authorised Agent'