



We have many different 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 169 0310** 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

Application for a payment

Fill in this form if:

- you suffer from diffuse mesothelioma or another lung disease, or
- you were the partner of a sufferer who has died, or
- you are, or are acting for, a child or a young person or other dependant of a sufferer who has died.

What is the Pneumoconiosis etc (Workers' Compensation) Act 1979?

People who suffer from some lung diseases caused by specific dusts can get help under the Pneumoconiosis etc (Workers' Compensation) Act 1979. You can make a claim if you cannot get damages from the employer or training provider who caused or contributed to a lung disease.

The lung diseases you can claim for are:

- D1 - pneumoconiosis (including asbestosis, silicosis and kaolinosis etc.)
- D2 - byssinosis
- D3 - diffuse mesothelioma
- D8 - primary carcinoma of the lung with evidence of asbestosis
- D8A - primary carcinoma of the lung after exposure to asbestos under certain circumstances
- D9 - unilateral or bilateral diffuse pleural thickening.

If you have one of the lung diseases, including diffuse mesothelioma and it was caused by your work or whilst on an approved employment training scheme or course, we will consider a payment under the Pneumoconiosis etc (Workers Compensation) Act 1979:

- if you are entitled to Industrial Injuries Disablement Benefit for one of the lung diseases
- if no court action for damages has been brought in relation to the lung disease and no out of court settlement received
- if the employer or training provider who caused or contributed to dust exposure has stopped trading, or
- if the employer or training provider is still trading, there must be no realistic chance of getting damages, or
- the work which caused the lung disease was more than 20 years ago.

Fill in the **About you** section (questions 1 to 11) and the remainder of the form from the **About the lung disease** section (from question 30).

Note –You will need to provide evidence that you are suffering from one of the diseases listed. For example, a letter from your nurse, doctor or consultant showing that you have the disease and the date you were diagnosed.

What is the 2008 Diffuse Mesothelioma Scheme?

Under this scheme you can get a single lump-sum payment if you suffer from diffuse mesothelioma. This does not have to have been caused by work or training. But if you got this disease because of the work or training you used to do for an employer or training provider, you may be entitled to a payment under the Pneumoconiosis etc (Workers Compensation) Act 1979.

If you have diffuse mesothelioma and you did not get it from work or training, complete the **About you** section (questions 1 to 11), the **About the disease** section (questions 30 to 38) and the remainder of the form from the **Compensation and court action** section (from question 75). We will consider the payment under the 2008 Diffuse Mesothelioma Scheme.

Note –You will need to provide a letter from your medical practitioner, for example, a nurse from the lung cancer nurses network, or your doctor or consultant. The letter must show the date you were diagnosed with the disease.

When must I apply?

You must apply as soon as you know that you have a lung disease.

- If you are claiming under the 1979 Act, you must claim within 12 months of the date you became entitled to Industrial Injuries Disablement Benefit.
- If you are claiming under the 2008 Scheme, you must claim within 12 months of the date you were diagnosed.

If you delay, we might not be able to pay you.

Note –If you go on to get any other compensation, we may recover the money we paid you under these schemes from the compensation.

Partner and dependants

If a person has:

- suffered from one of the lung diseases, and
- has died, and
- has not claimed a lump-sum payment

their dependants or partner can make a claim, but must do so within 12 months of the date of death. Please include a copy of the death certificate with the application.

You can find more information about both schemes on our website [**www.gov.uk**](http://www.gov.uk)

How do I apply?

Fill in this form and return it to:

Barnsley Industrial Injuries Disablement Benefit office
Mail Handling Site A
Wolverhampton
WV98 1SY

Freephone **0800 279 2322**.

If you are filling in this form with a pen, write in black ink and in CAPITAL letters.
Remember, if you need help filling in this form, or any part of it, phone **0800 279 2322**.

Sharing information about your health condition

The Department for Work and Pensions (DWP) or approved health care professionals that work for DWP, might need 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.

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

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

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

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 saying 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.

I have read and understood the text above.

Your signature

Date

DD/MM/YYYY

About you

How to fill in this form

- If you suffer from one of the lung diseases listed, fill in the **About you** section (questions 1 to 11) then go to the **About the lung disease** section (starting at question 30).
- If you are claiming compensation on behalf of your partner who has died from a lung disease fill in the **About you** section (questions 1 to 11) then go to the **About the sufferer** section (starting at question 23).

- If you are, or are acting for, a child or a young person or other dependant of a sufferer who has died of a lung disease fill in the **About you** section (questions 1 to 11) then go to the **About a claim from a dependant** section (starting at question 12).
- We use partner to mean:
 - a person you are married to or a person you live with as if you are married to them, or
 - a civil partner or a person you live with as if you are civil partners.
- We use child to mean a person aged under 16.
- We use young person to mean a person aged 16 to 21 who is not in full-time employment.
- We use dependant to mean a person who is permanently not able to support themselves.

01 Your title
Mr, Mrs, Miss, Ms, other

02 Surname or family name

03 All other names in full

04 Any other surnames you have been known by or are using now.
Please include maiden name, all former married names and all changes of family name.

05 Address

Postcode

06 Your daytime phone number, if you have one

07 Your mobile phone number

08 Email address

09 Date of birth
DD/MM/YYYY

10 National Insurance (NI) number
You can find the number on your National Insurance number card, letters about your benefit or payslips.

11 Reason for claiming

I am the sufferer
Go to the **About the lung disease** section (starting at **question 30**)

I am the surviving partner
Go to the **About the sufferer** section (starting at **question 23**)

I am the dependant of the late sufferer
Go to the **About a claim from a dependant** section (starting at **question 12**)

About a claim from a dependant

12 What was your relationship to the sufferer?
We may ask you to provide evidence of your relationship.

13 Were you dependant on the sufferer at the time of their death?
No
Yes
Please tell us about them

14 Are there any other children or young persons, or dependant relatives who you think may be entitled to a payment under the Act?
No
Yes
Please tell us about them below.

First relative

15 Surname or family name

16 All other names in full

17 Address

Postcode

18 Date of birth
DD/MM/YYYY

Second relative

19 Surname or family name

20 All other names in full

21 Address

Postcode

22 Date of birth
DD/MM/YYYY

If you need to tell us about any other dependant relatives, please use a separate sheet of paper. Make sure you put your full name and National Insurance (NI) number on each sheet you use.

About the sufferer

23 Their surname or family name

24 All other names in full

25 All other surnames or family names they have been known by

Please include maiden name, all former married names and changes of family name

26 Their last address

Postcode

27 Their date of birth

DD/MM/YYYY

28 Their date of death

DD/MM/YYYY

If you have the death certificate, send a copy to us with this form.

29 Their National Insurance (NI) number

You can find the number on their National Insurance number card, letters about their benefit or payslips.

About the lung disease

30 If you are the sufferer, which lung disease are you suffering from?

or

If you are applying on behalf of the late sufferer, which lung disease was the cause of the sufferer's death?

Tick the boxes that apply.

D1 - Pneumoconiosis (including asbestosis, silicosis and kaolinosis etc.)

D2 - Byssinosis

D3 - Diffuse mesothelioma

D8 - Primary carcinoma of the lung with evidence of asbestosis

D8A - Primary carcinoma of the lung after exposure to asbestos under certain circumstances

D9 - Unilateral or bilateral diffuse pleural thickening

31 Was this contracted at work?

No Please go to [question 33](#)

Yes Please go to [question 32](#)

32 If you are the sufferer, do you get, or have you ever applied for, Industrial Injuries Disablement Benefit (IIDB)?

or

If you are applying on behalf of the late sufferer, did they get, or did they ever apply for Industrial Injuries Disablement Benefit (IIDB)?

No Please go to **question 39**

Yes Please go to **question 39**

Only answer these questions if you contracted diffuse mesothelioma outside work or training.

33 What is your GP's name and address?

Postcode

34 If you have a specialist nurse, what is their name?

35 What is the name of your consultant?

36 What is the hospital address?

Postcode

We need to see a letter from your medical practitioner, for example, a nurse from the lung cancer nurses network, or your doctor or consultant. The letter must show the date you were diagnosed with the disease.

37 Were you exposed to asbestos in the UK?

No

Yes

38 How long have you lived in the UK?

Now go to **question 75**

The employment history

It is important that you fill in this form fully. We need to know the employment history from leaving school up until retirement.

Continue on a separate sheet of paper if there were more than six employers. Make sure you put your full name and National Insurance (NI) number on each sheet you use.

Employment history 1

39 Dates of employment

DD/MM/YYYY

From

To

40 Name and address of employer

Postcode

41 Business at the workplace

42 Type of work

43 Exposure to harmful dusts

Please tell us the name of the dust.

44 Exposure to asbestos

No

Yes

Employment history 2

45 Dates of employment

DD/MM/YYYY

From

To

46 Name and address of employer

Postcode

47 Business at the workplace

48 Type of work

49 Exposure to harmful dusts

Please tell us the name of the dust.

50 Exposure to asbestos

No

Yes

Employment history 3

51 Dates of employment

DD/MM/YYYY

From

To

52 Name and address of employer

Postcode

53 Business at the workplace

54 Type of work

55 Exposure to harmful dusts
Please tell us the name of the dust.

56 Exposure to asbestos

No
Yes

Employment history 4

57 Dates of employment
DD/MM/YYYY

From

To

58 Name and address of employer

Postcode

59 Business at the workplace

60 Type of work

61 Exposure to harmful dusts
Please tell us the name of the dust.

62 Exposure to asbestos

No
Yes

Employment history 5

63 Dates of employment
DD/MM/YYYY

From

To

64 Name and address of employer

Postcode

65 Business at the workplace

66 Type of work

67 Exposure to harmful dusts
Please tell us the name of the dust.

68 Exposure to asbestos

No

Yes

Employment history 6

69 Dates of employment
DD/MM/YYYY

From

To

70 Name and address of employer

Postcode

71 Business at the workplace

72 Type of work

73 Exposure to harmful dusts
Please tell us the name of the dust.

74 Exposure to asbestos

No

Yes

Compensation or court action

75 Have you been paid any compensation because of the disablement?

For example:

- damages awarded by the court
- an out of court settlement
- compensation from an employer
- payment for the Armed Forces Compensation Scheme, or
- payment from the Coal Workers Pneumoconiosis Scheme.

No

Yes

76 Are you waiting to hear about any compensation because of the disablement?

No

Yes

77 Do you have a solicitor or any other legal representative acting on your behalf in bringing court action or a claim for compensation?

No

Yes

Please tell us about them below.

Name

Address

Postcode

Phone number

Solicitor's reference number

If at any point during your application you should get any compensation or start a court action because of the disablement, you should tell us straight away.

Note - It is important to tell us the reference number your solicitor has given you. If you do not know the reference number, ask your solicitor about it.

Use this space to tell us about any claim for compensation you have ever made from any source in connection with any lung disease. Please give details of the claim and when it was made.

If there is not enough space, please use a separate sheet of paper. Make sure you put your full name and National Insurance (NI) number on each sheet you use.

How we pay you

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 make the payment and how much it will be for.

Finding out how much we have paid into the account

You can check your payment on account statements. The statements may show your National Insurance (NI) number next to any payment we have made. If you think the payment is wrong, get in touch with the office shown on page 3.

If we pay you too much

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.

What to do now

- 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'.
- 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.

About the account you want to use

- You can use an account in your name, or a joint name.
- You can use someone else's account if:
 - the terms and conditions of their account allow this, and
 - 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.

Please tell us your account details starting at **question 78**.

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.

78 Name of the account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

79 Full name of bank or building society

- If you want us to pay your money into a UK account, tell us about this in UK account details.
- If you want us to pay your money into an overseas account, tell us about this in Overseas account details.

UK account details

80 Sort code

Tell us all 6 numbers, for example 12-23-56.

— —

81 Account number

This must be between 6 and 10 numbers. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

82 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 is 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.

Overseas account details**83 International Bank Account Number (IBAN)**

Some IBANs are very long. For example, for Italy it should be 27 characters long and for Luxembourg it should be 20 characters long. If your account number has fewer than 27 numbers, please fill in the numbers from the left.

84 Bank Identification Code (SWIFT)**85 BSB number**

Australia only

Declaration

By signing this declaration, you agree that:

- the information you have given us is correct and complete
- you will tell us about the changes of circumstances straight away.

If the information you give us is wrong or incomplete, or you do not report changes straight away:

- we may stop or reduce your benefit
- you may be paid too much benefit and have to pay this back
- you may have to pay a financial penalty
- we may prosecute you.

I understand that I must promptly tell you if I get compensation from elsewhere for the disease I have claimed for.

This is my claim for dust-related compensation.

Signature

Date

DD/MM/YYYY

What to do now

Send this claim form to:

**Barnsley Industrial Injuries Disablement Benefit office
Mail Handling Site A
Wolverhampton
WV98 1SY**

Do not delay, or you could lose money.

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/dwp/personal-information-charter