

# 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 or Foxit on a PC

**We have been made aware of issues when using Apple products such as Iphones and I pads to complete this form.**

**You may be unable to save or re-open it due to updates to Apple products since this form was created.**

**Work is being undertaken to transform our forms and systems but until this is complete, we ask that you find an alternative device, if possible, or print the form and complete it by hand.**

## Feedback

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

**PLEASE NOTE YOU MUST SIGN THIS FORM USING A BLACK PEN.**

**WE CANNOT ACCEPT THIS FORM BY EMAIL**

**Intentionally left blank**



# Ministry of Defence

## Veterans UK

War Pensions Scheme  
Tomlinson House  
Norcross  
Thornton-Cleveleys  
FY5 3WP

Freephone: 0808 1914 218  
Overseas: +44 1253 866043

Email: [Veterans-UK@mod.gov.uk](mailto:Veterans-UK@mod.gov.uk)

Website: [www.gov.uk/veterans-uk](http://www.gov.uk/veterans-uk)

## Allowance for Lowered Standard of Occupation

Please complete this form if you wish to claim an Allowance for Lowered Standard of Occupation (ALSO).

To be entitled to an Allowance for Lowered Standard of Occupation

- your disability must make you permanently unable to do work that is, or was similar to your regular occupation,
- you must be getting a War Pension at the 40% rate or higher, **and**
- you must be under the age of 65 when you make your claim.

This allowance plus the basic War Pension cannot add up to more than 100% War Pension rate.

### Important information

You are not entitled to ALSO if you are in receipt of the following War Pension Scheme allowances: Unemployability Supplement or Treatment Allowance.

- Unemployability Supplement
- Treatment Allowance

If you were medically discharged and become eligible for ALSO, we may need to adjust your payments. This is because some of the benefits you receive from the Armed Forces Pension Scheme overlap with ALSO.

### What we want you to do

Please answer all the questions on this form, read the **Declaration on page 6** and sign and date **page 7**. Return this form back to us as soon as you can because if you do not, you may lose money.

### In order to complete this form and application, you will need

- National Insurance number
- Employment staff number
- If you are employed – payslips
- If you are Self-employed – tax return

### 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.

### Help and advice

If you need any help completing this form our Veterans Welfare Service can help. Please see our contact details at the top of this form.

If you need any further help or advice, please let us know.

**Part 1 – About you**

National Insurance number

Surname

Other names

Any other name you have been known by or are using now

Address

Postcode

Date of birth

Daytime phone number (including Area code)

Email address

**Your education and qualifications**

Please tell us about your qualifications. We need to know about any educational and/or trade qualifications you hold. For example, this includes GCSE's, Highers, A-Levels, BTEC, City and Guilds.

**Part 2 – About other jobs**

Tell us about any other jobs you have had since you left the Armed Forces in date order, do not include your current job here. **NOTE: Employment staff number** – this could be your clock or payroll number.

**Job 1**

What job did you do?

**Job 2**

What job did you do?

What was the name and address of your employer?

What was the name and address of your employer?

Employment staff number

Employment staff number

Dates you worked there To

Dates you worked there From To

Why did you leave?

Why did you leave?

**Job 3**

What job did you do?

**Job 4**

What job did you do?

What was the name and address of your employer?

What was the name and address of your employer?

**Part 2 – About other jobs - continued**

Employment staff number

Employment staff number

-

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Dates you worked there  
From To

Dates you worked there  
From To

Why did you leave?

Why did you leave?

If you have had more jobs, please tell us about them on **page 9**. Make sure you put your full name and National Insurance number on it.

**Part 3 – About the job you do now**

Are you self-employed?

Yes

**Go to page 5** - If you are self-employed

No

What job do you do now?

What is the name and address of your employer?

What is your employment staff number?

When did you start working there?

How much do you earn per week?

Please send us your last **6 weeks'** payslips. If you are paid monthly, please send your last **2 months'** payslips. If you cannot send them we will contact your employer.

**We need to know about your earnings, income and/or profit.**

### **Part 3 – About the job you do now - continued**

#### **If you are self employed**

How do you earn your living?

#### **We need to know about your earnings, income and/or profit.**

Please send:

- a copy of the Self –Employed pages of your latest tax return, **or**
- if you are a partner in the business, a copy of the Partnership pages of your latest tax return.

If you have already sent the tax return to HM Revenue and Customs, please ask for a copy of the relevant pages and send them to us.

**Please do not send business accounts.**

#### **Part 4 – About other benefits, allowances and entitlements**

Please tell us if you are receiving or waiting to hear about any of these benefits, allowance or entitlements

Employment and Support Allowance

Jobseekers Allowance

Universal Credit

Income Support

Incapacity Benefit

Reduced Earnings Allowance

Severe Disablement Allowance

Training Allowance from the Jobcentre

**Part 4 – About other benefits, allowances and entitlements - continued**

**If you live overseas**, please tell us about any benefits you receive in your country of residence. The benefits are paid by the government of the country where you live.



## **Declaration**

**I confirm** that the information I have given is accurate and complete to the best of my knowledge and belief.

**I understand** that the information and personal data I have provided on this form, and any information and any information and personal data I provide subsequently may be:

- used by the Ministry of Defence (MOD) in connection with my claim, or any subsequent reconsideration, review or appeal, under the Armed Forces Compensation Scheme (AFCS) or the Service Pensions Order (SPO) or any other schemes administered by 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 Department of Work and Pensions.
- used by the MOD and its agents in connection with all matters relating to this or future claims, or any subsequent reconsideration, review or appeal, under the AFCS or the SPO or any 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 the Veterans UK, including any changes of address.
- If I knowingly give false information, I may be liable to prosecution.

### **I agree that**

- the MOD and
- any doctor advising the MOD and
- any organisation contracted to provide medical services to the MOD and any doctor providing services to that organisation

### **may ask**

- any doctor who has provided treatment and
- any hospital or similar place and
- anyone else who has provided treatment (such as a physiotherapist)

for copies of all medical records (including those in sealed envelopes) and any other information required to consider my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by the Veterans UK.

### **and that the MOD may**

disclose medical records, and any information about my claim, or any subsequent reconsideration, review or appeal, under the AFCS or SPO or any other schemes administered by the 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 the 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 refund any sum paid as a result of this claim in the event that an overpayment is made for any reason.

## Consent for email correspondence

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

**I authorise** Veterans UK of the MOD to use email whenever possible in its correspondence with me via my nominated email address shown on the front of this claim form. I accept that the information may include my personal details excluding bank account numbers, national insurance number, medical details and any other information that could compromise my identity.

**I understand** that correspondence transmitted by email may be open to abuse because it is transmitting 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. I am content for Veterans UK to correspond with me from the email address shown at the front of this claim form.

Do you wish to correspond by email?

Yes

No

### 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

Print Name



**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 form

Date claim form issued

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