



## 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](http://www.gov.uk)

## About this form

This form is for claiming Industrial Injuries Disablement Benefit for a disease caused:

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

You cannot claim Industrial Injuries Disablement Benefit if you were self-employed when the disease started. Please read the BI100PD Notes before filling in this form.

## Important information about filling in this form

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

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

Please make sure that you complete the Consent in Part 2 and sign the Declaration in Part 10. If you do not fill this in, we will contact you and it may delay your claim.

For more information on how to fill in this claim form, please refer to the BI100PD Notes that came with this form.

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

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

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



**15 Your partner's address**

Postcode

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

DD/MM/YYYY

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

You can find the number on their National Insurance (NI) numbercard, letters about their benefit or payslips.

**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**

**Signature**

**Date**

DD/MM/YYYY

**Part 2: Consent**

**Sharing information about your health condition**

The Department for Work and Pensions (DWP) or approved health care professionals that work for DWP, might need information about your health condition and how it affects you. They might ask for relevant information from your doctor, or any other relevant professional you tell them about.

**18 Do you give 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.

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

Please read **page 7** of BI100PD Notes.

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

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

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

Tell us which disease you have and about the job or training you were doing which you think caused your disease. Give as much information as you can.

You can get a list of prescribed diseases and jobs you can claim Industrial Injuries Disablement Benefit for from our website at [www.gov.uk](http://www.gov.uk)

If you cannot access the list of diseases online or you are not sure which disease you should claim for, contact us for help by calling **0800 121 8379**.

**31** Which disease do you have?

**32** Please state the prescribed disease number if you know it

**33** On what date do you think you started to suffer from the disease?

If you are not sure of the date, give an approximate date

DD/MM/YYYY

**34** What type of work or training do you think caused your disease?

**35** In what way has the disease affected you?

**Please tell us about all the employers or training providers you did this type of work for. Start with the most recent employer or training provider.**

If you need to tell us about more than 2 employers or training providers, tell us about them in **Part 9**.

## **Employer or training provider 1**

**36** Name of the employer or training provider where you did the work

**37** Employer's or training provider's address

Postcode

**38** If your employer or training provider has changed their name or address since you worked there, please tell us the new details

**39** In which business area is this company involved?

**40** Is this employer or training provider still in business?

No

Yes

**41** If you were on an approved employment training course, who sent you on it?

For example, Jobcentre Plus or another organisation.

**42** Were you employed by an agency?

No

Yes

If you were employed by an agency, please tell us their name and address

Postcode

**43** Employer's or training provider's phone number

**44** Employer's or training provider's email address

**45** Workplace

**46** When did you work there?

If you are not sure of the dates, give an approximate date DD/MM/YYYY

From

To

**47** Your job title

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

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

**Employer or training provider 2**

**50** Name of the employer or training provider where you did the work

**51** Employer's or training provider's address

Postcode

**52** If your employer or training provider has changed their name or address since you worked there, please tell us the new details

**53** In which business area is this company involved?

**54** Is this employer or training provider still in business?

No

Yes

**55** If you were on an approved employment training course, who sent you on it?

For example, Jobcentre Plus or another organisation.

**56** Were you employed by an agency?

No

Yes

If you were employed by an agency, please tell us their name and address

Postcode

**57** Employer's or training provider's phone number

**58** Employer's or training provider's email address

**59** Workplace

**60** When did you work there?

If you are not sure of the dates, give an approximate date DD/MM/YYYY

From

To

**61** Your job title

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

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

**Part 5: About earlier claims for Industrial Injuries Disablement Benefit**

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

No **Go to Part 6.**

Yes Please tell us when.

**Please provide details of the claims.**

**Claim 1**

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

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

DD/MM/YYYY

**67** When did you claim?

If you are not sure, give an approximate date. DD/MM/YYYY

**Claim 2**

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

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

DD/MM/YYYY



**70 When did you claim?**

If you are not sure, give an approximate date. DD/MM/YYYY

**74 GP's phone number**

If you know it

Please send us any medical reports or letters you may have to support your claim. These could be from your consultant, GP or other health care professional. Examples of these are shown in the BI100PD Notes. Please send a copy with this form.

**Part 6: About medical details**

**71 Are you claiming for**

**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**

**D10 – primary carcinoma of the lung**

**D11 – primary carcinoma of the lung where there is accompanying evidence of silicosis**

**C4 – primary carcinoma of the bronchus or lung**

**C22(b) – primary carcinoma of the bronchus or lung, or**

**C24(a) – angiosarcoma of the liver?**

We will not send you for a medical assessment if you are claiming for these prescribed diseases.

No

Yes Please read **page 8** of BI100PD Notes.

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

**72 GP's name**

**73 GP's address**

Postcode

**75 Have you attended a hospital or clinic because of the disease?**

No **Go to question 83**

Yes

Please tell us about the hospital or clinic you have been to because of the disease. If you need to tell us about more than one hospital or clinic, tell us about them in **Part 9 Other information**.

**76 Name of the hospital or clinic**

**77 Hospital or clinic address**

Postcode

**78 Department or ward**

**79 Reference number or admission number**

**80 Name of specialist**

If you know their name

**81 Dates of treatment**

DD/MM/YYYY

From

To

From

To

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

No

Yes

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

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

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

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

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

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

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## Part 7: About other benefits and entitlements

**84** Are you getting either a War Disablement Pension or a payment from the Armed Forces Compensation Scheme?

Please tick all the boxes that apply.

You are getting a War Disablement Pension

You are getting Armed Forces Compensation Scheme payments

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## Part 8: How we pay you

**85** Please tell us how often you want us to pay your Industrial Injuries Disablement Benefit

Every week – in advance

Every 4 weeks – in arrears

Every 13 weeks – in arrears

If you want more information, get in touch with the Industrial Injuries Disablement Benefit office. You can find the office mailing addresses and contact phone number at the end of the BI100PD Notes which we sent you with this form.

### **We normally pay your money into an account**

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

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

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

### **If we pay you too much money**

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

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

**86 Name of the account holder**

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

**87 Name of the bank or building society**

**88 Sort code**

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

— — —

**89 Account number**

This must be between 6 and 10 numbers.

**90 Building society roll or reference number**

You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.

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## Part 9: Other information

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

If there is not enough space, please use a separate sheet of paper. Make sure that you:

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

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## Part 10: Declaration

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

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

### This is my claim for Industrial Injuries Disablement Benefit

<p><b>Signature</b></p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p><b>Date</b> DD/MM/YYYY</p>
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## Part 11: What to do now

Check that you have:

- answered all the questions in full that apply to you
- completed the Consent in **Part 2**
- signed the Declaration in **Part 10**
- included your evidence to support a home visit
- included any medical reports or letters you may have to support your claim
  - these could be from your consultant, GP or other health care professional
  - do not get a new medical report especially for this claim.

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## Part 12: 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](http://www.gov.uk/dwp/personal-information-charter)