



UK Government

# Infected Blood Interim Payments to Estates: Compensation Application

October 2024. Version 1

## Who this form is for

Personal Representatives (the Executor) of the estate of a deceased infected person, whose death has not yet been recognised, can use this form to apply for interim compensation from the UK Government. This is a fixed compensation award of £100,000, which will be deducted from any final award.

To apply, the person who has died must have been registered with an existing UK Infected Blood Support Scheme, or former Alliance House Organisation (AHO) scheme (The Macfarlane Trust, Eileen Trust, Skipton Fund or Caxton Foundation), on or before the 17th April 2024.

A Personal Representative is not eligible to apply if an interim payment has already been made to the infected person prior to their death, to their bereaved partner or to their estate.

Only a Personal Representative (the executor) named on the grant of probate, confirmation or letter of Administration can make a claim for compensation.

Check your eligibility, view guidance and find further information on support available to complete this form at [www.gov.uk/infected-blood-compensation-estates](http://www.gov.uk/infected-blood-compensation-estates).

## **What you need before you apply**

- A certified colour copy of grant of Probate (England, Wales, NI) /Confirmation (Scotland)/ Letter of Administration.**
- Certified colour copies of your identity documents:** These should be countersigned by a member of a recognised profession. Further information is available at Annex A.

# Q1 - Information about the deceased infected person

## Q1.1 Details of the deceased infected person

Title - *For example Mr, Mrs, Miss, Ms.*

First name

Middle name(s)

Last name

Any other names a person may have had - *for example before marriage.*

Date of Birth - *DD / MM / YYYY*

Date of Death - *DD / MM / YYYY*

## Q1.2 Last known address of the deceased infected person

**(!)** *This address must match our records. If the deceased infected person lived at any other addresses when they registered with a current or former support scheme you may wish to include these at **Annex B** of this form.*

House number / name

Street name

Town / City

County

Postcode/Zip Code

Country

*For example United Kingdom*

## **Q1.3 Additional Information about the deceased infected person**

The deceased infected person's Infected Blood Support Scheme number - *This means the registration number that would have been provided by the English, Scottish, Welsh or Northern Irish Support Schemes e.g. on correspondence.*

This information is not mandatory, however it may speed up your application.

### **OR**

If you are applying on behalf of a person previously registered with an Alliance House Organisation Scheme (The Macfarlane Trust, the Eileen Trust, the Skipton Fund, the Caxton Foundation or MFET Ltd) provide their scheme number.

This information is not mandatory, however it may speed up your application.

The NHS Number of the deceased infected person (or CHI Number if they lived in Scotland or the H&C Number in Northern Ireland) - *You can find this on medical records or correspondence.*

This information is not mandatory, however it may speed up your application.

Place of infection - *the nation of the UK where the deceased person was infected ie. England, Scotland, Wales, Northern Ireland.*

## Q2 - Providing information about you (the Personal Representative)

This section of the form should be completed by the Personal Representative (you).

**(!)** *Only an executor named on the grant of probate, confirmation or letter of Administration can make a claim for compensation. The executor who makes the claim (the personal representative) will need to receive and distribute any payment according to the deceased infected person's will or laws of intestacy.*

Title - *For example Mr, Mrs, Miss, Ms.*

First name of nominated lead Personal Representative

Middle name(s) of nominated lead Personal Representative

Surname of nominated lead Personal Representative

The full names of any other executors on the grant of probate, confirmation or letter of administration:

## Q3 - Applying as an individual on behalf of an estate

**(!)** *This section is for a lead executor applying as an individual. If you are a legal representative please do not complete Q3, go directly to Q4.*

### Q3.1 Additional details

Date of Birth - *DD / MM / YYYY*

### Q3.2 Address

Please provide details of your home address.

House number / name

Street name

Town / City

County

Postcode/Zip Code

Country

*For example United Kingdom*



### **Q3.3 Proof of Your Identity**

You must provide proof of identity as part of your application.

**Section A** - certified **colour** copies of the following photo i.d.

- Passport **or**;
- driving licence (full or provisional)

These must be certified **colour** copies, countersigned by a member of a registered profession. Further information is available at Annex A.

If you do not have either of these documents, contact the relevant Infected Blood Support Scheme for more information.

The countersignature must:

- Write 'Certified to be a true copy of the original seen by me' on the document
- Sign and date the document
- Print their name under the signature
- Add their occupation, address and telephone number

You may be contacted to provide original documents or provide further information to progress your application.

**Section B** - provide two of the following documents, which include the address you provided in question 3.

- A bank, building society, credit card statement, utility bill or Council Tax bill issued to you within the last 6 months. *This can be redacted to remove information about the purchases you have made.*

You may be contacted to provide original documents or provide further information to progress your application.

***Now move onto Question 5***

## Q4: Applying as a legal representative on behalf of an estate

**(!)** *This section is for a personal representative (executor) applying as a legal representative. If you are not a legal representative, do not complete Q4.*

### Q4.1 Business Information

Professional Registration Number or Roll Number (in Northern Ireland)

Business Name

Reference Number - *This means the reference number you have given the estate claim for example - CLAIM 123456*

## **Q4.2 Business Address**

Number

Street name

Town / City

County

Postcode/Zip Code

Country

*For example United Kingdom*

***Now move onto Question 5***

## Q5 - Supporting documents for your claim

To make a claim, you must be able to act on behalf of the estate you are claiming for.

### Q5.1 Evidence of ability to act on behalf of the estate

Do you have a valid grant of probate (in England, Wales or Northern Ireland) or Confirmation (in Scotland), or Letters of Administration?

Yes

If yes, enclose a certified **colour** copy, countersigned by a member of a registered profession, with this form. Further information is available at Annex A.

If you do not possess a valid grant of probate, confirmation or Letters of Administration, you will need to apply for one. Further information is available at [www.gov.uk/infected-blood-compensation-estates](http://www.gov.uk/infected-blood-compensation-estates).

## Q6 - Contact details and declarations

### Q6.1 Your preferred contact information

Phone Number 1

Phone Number 2

*provide an alternative telephone number if you have one*

Email address

### Q6.2 How you'd like to be contacted

- Email
- Post - *sent to the postal address you have provided*

Before submitting your application, read and sign the following declarations.

To my knowledge the estate is entitled to make this claim and meets the requirements for eligibility under the Infected Blood Interim Compensation Payment Scheme.

I understand that as the Personal Representative of the estate, I must distribute this lump sum payment in accordance with the will of the deceased person or, where there is no valid will, the laws of intestacy. I understand that the UK Government and administrators of the Infected Blood Support Schemes are not responsible for the distribution of funds.

By signing this form I confirm that the information contained within the form is true to the best of my knowledge and that if I knowingly authorise false information this may result in criminal prosecution and the repayment of funds. I understand that my information may be shared with the Infected Blood Support Schemes and the NHS Counter Fraud Authority, NHS Scotland Counter Fraud Services and HSC Counter Fraud and Probity Service for the purpose of verification of this claim and for the investigation and prevention of fraud.

**Signature:**

**Date (DD/MM/YYYY):**

## **Where to send this form**

Send this form and certified copies of your supporting documentation to the Infected Blood Support Scheme in the part of the UK where the deceased person was infected.

- England: IBIEPS, PO Box 1390, 152 Pilgrim Street, NEWCASTLE UPON TYNE, NE99 5FP
- Wales: WIBSS, 4th Floor, Companies House, Crown Way, Cardiff, CF14 3UB
- Scotland: SIBSS, NHS National Services Scotland, Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB
- Northern Ireland: IBPS NI, Business Services Organisation, 2 Franklin Street, Belfast, BT2 8DQ

## **What happens next**

The Infected Blood Support Scheme which processed your application will send you confirmation that your form has been received via email or letter, depending on your communication preferences.



## Your personal information, and how we treat it

We will treat your personal information carefully, and will use it for the purposes of processing your application form, making your compensation payments and for checking you have not made a similar application to another UK scheme.

To learn about your information rights and how we use it, please visit the website of the IBSS you are sending your application to.<sup>1</sup>

---

<sup>1</sup> England: <https://www.nhsbsa.nhs.uk/our-policies/privacy/england-infected-blood-support-scheme-privacy-notice>

Scotland: <https://www.nss.nhs.scot/publications/practitioner-services-directorate-and-primary-care-contractor-finance-data-protection-notice/practitioner-services-directorate-and-primary-care-contractor-finance-data-protection-notice/>

Wales: <https://wibss.wales.nhs.uk/privacy-policy/#:~:text=The%20personal%20data%20we%20process&text=Date%20of%20birth,people%20all%20of%20the%20time>

Northern Ireland: <https://bso.hscni.net/about-bso/privacy-policy/>

## **Annex A: Identification documents.**

You must provide proof of identity as part of your application. These must be certified **colour** copies, countersigned by a member of a registered profession (Further information below).

The countersignature must:

- Write 'Certified to be a true copy of the original seen by me' on the document
- Sign and date the document
- Print their name under the signature
- Add their occupation, address and telephone number

You may be contacted to provide original documents or provide further information to progress your application.

### ***Recognised Professions***

Examples of recognised professions include:

- bank or building society official
- councillor
- minister of religion
- dentist
- chartered accountant
- solicitor or notary
- teacher or lecturer
- civil servant (permanent)

The person you ask should not be:

- related to you
- living at the same address
- in a relationship with you

## Annex B: Previous addresses of the deceased infected person

In order to process your application, address details for the deceased infected person must match those on our records. You may therefore wish to provide other known addresses to help avoid any delays in processing your application.

### Additional Address 1

House number / name

Street name

Town / City

County

Postcode/Zip Code

Country

*For example United Kingdom*

## **Additional address 2**

House number / name

Street name

Town / City

County

Postcode/Zip Code

Country

*For example United Kingdom*