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
- The form will not save in older versions of Adobe Acrobat Reader
- The form will not save in other pdf readers, for example Preview or Foxit on a PC

Emailing the form

- Email the form to: veterans.uk.emails@notifications.service.gov.uk

Posting the form

- If you wish to post the form, please print after completion, and sign in black pen
- Post the form using the address given

We have been made aware of issues when using Apple products such as iPhones and iPads 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
If you have any feedback about this form please send these to - DBSAFVS-SPfO-PDT@mod.gov.uk. We will only use these comments to improve future versions.
Please do not send this form or any personal information to this email address.

Intentionally left blank

Ministry of Defence

Further Condition Claim Form

General Information

This form is for making a claim for a further condition, read it carefully and answer all the questions that apply to you. Where you are asked to provide information, give as much detail as possible. If there is not enough room on the form, please tell us any other details you think we should know about on a separate sheet of paper, making sure that your full name and National Insurance number is at the top of each sheet. If you do not know the answer to any question, please
type “DO NOT KNOW”

If you want to send us any evidence or information that you think may help your claim, please do so. We will return it to you but we cannot pay you any money you have spent to get this information.

This form must be returned to reach us within three months of the date it was issued. If you delay, it may affect your claim and you could lose money.

If you need help completing this form our Veterans Welfare Service (VWS) can help.

Our contact details are:

Veterans-UK
Norcross
Thornton-Cleveleys
FY5 3WP
England

Telephone: **Veterans (UK only) Helpline 0808 1914 2 18**
Overseas Helpline: **+44 1253 866043**

Email: **Veterans-UK@mod.gov.uk**

Website: **www.gov.uk/veterans-uk**

Emailing the form

- Email the form to: **veterans.uk.emails@notifications.service.gov.uk**

Posting the form

- If you wish to post the form, please print after completion, and sign in black pen
- Post the form to the address above

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.

Further Condition – Claim Form

If you need to provide more information for any part of this form, please use page 17

Part 1 – About you

1. National Insurance (NI) number
   You can find the number on your NI card, letters about other benefits or payslips

2. Title and Surname or Family name

3. All other names in full

4. All other Surnames or Family names you have been known by (include names used when you served in the Armed Forces. Please include maiden name, all former married names and all changes of family name. Please list them in date order, the most recent first).

5. Address

   Postcode

6. Date of birth

7. Daytime phone number including area code (home / work / mobile)

8. Your email address (if appropriate)

9. Have you claimed or received a war pension from us before, including any lump sum payments?

   No

   Yes

Please tell us your reference number

Part 2 – About your claim

If you are claiming for a wound or injury and an illness or disease, please complete both sections. If you are claiming for more than one condition you can use the same form but please make sure you show each condition separately and clearly.

10. We need to know what caused the disablement you are claiming for now.

Are you claiming for: A wound or injury ☐ **Go to question 11**

An illness, disease or other condition ☐ **Go to question 25**

11. What is the wound or injury you want to claim for?
Please give as much information as you can, (for example, if your injury is to arm or a leg, please say which one i.e. left or right). Please use a separate sheet if required.

12. Please describe in full the accident(s) or incident(s) which led to your wound or injury and any medical treatment you had at the time. Please give as much information as you can, (for example, if you fell, please say how far you fell).

Please send us any Accident Report Forms, i.e. MoD Form 2000, Hurt Certificates or any other papers that you have for this accident. We will return them. Please use a separate sheet if required.

13. What time and date did the accident or incident happen? Time ____ Date ____

14. Where did the accident or incident happen? (Please be precise, for example if it was on a sports field, in the mess, in your living quarters or at your home address)

15. At the time of the accident or incident where were you? Which town, city or country?

16. Were you: ☐ On duty ☐ Off duty

17. Were you: ☐ On authorised leave ☐ Representing your unit at a sporting event

Part 2 – About your claim continued

Please send us any evidence you have to show that you were representing your ship or unit

18. What unit or vessel were you serving with at the time?

19. Did you report your accident or incident to anyone in your command?

☐ No **Go to question 21**

☐ Yes

20. What is their full name and service address if you know them

Postcode

21. Did you report your accident or incident to CHASP (Health and Safety)?

☐ No ☐ Yes

22. Were there any witnesses to your accident or incident?

☐ No **Go to question 25 or 29**

☐ Yes

23. What is their service number?

24. What is their name and present address (if known)

Postcode

25. What illness, disease or other condition(s) do you want to claim for?

26. How and where did you get your illness, disease or other condition(s)?

27. What ship or unit were you serving with at the time?

28. When did you get or first notice the condition(s) you are claiming for?

For all claimed condition(s)

29. Give a detailed description of how you are affected on a day to day basis by each of the condition(s) you have claimed.

Part 2 – About your claim continued

30. Please tell us in your own words, why you think the disablement(s) you have described at questions **11 and or 25** was or were caused by or made worse by your service in the Armed Forces.

Part 3 – About your medical treatment during service

31. Did you have any medical treatment during service for the condition(s) you are now claiming?

☐ No **Go to part 4**

☐ Yes **Please tell us about this**

Please be as precise as you can. If you know the approximate date such as 'Summer 1943' or 'March 1976' please show this information but if you cannot remember either the date or the address at all, please state 'not known'.

Conditions treated

Hospital name and address

Postcode

Hospital record number

Treatment dates

	Start	End

Part 4 – About your medical treatment after service

32. Have you had any medical treatment since your service for the condition(s) you are now claiming

☐ No **Go to question 34**

☐ Yes

Details of your hospital record number etc. will be on your hospital appointment card. If you had treatment at more than two hospitals, please tell us about this on a separate sheet of paper. Make sure you put your full name and National Insurance number on it.

Hospital 1

Name of doctor or consultant

Hospital name and address

Postcode

Hospital record number

Hospital 2

Name of doctor or consultant

Hospital name and address

Postcode

Hospital record number

Hospital 1

Please tell us the type of treatment you had

☐ In-patient ☐ Out-patient

☐ Both

Treatment dates

Start End

Conditions treated

Hospital 2

Please tell us the type of treatment you had

☐ In-patient ☐ Out-patient

☐ Both

Treatment dates

Start End

Conditions treated

Part 4 – About your medical treatment after service continued

33. We need you to answer this question if you have received medical treatment **under a different name than one you use now or when you lived at an address before your present one**. If your name and address was different at the time of this treatment please tell us.

Hospital 1

Surname or Family name including Title

All other names in full

Address where you lived

Postcode

Hospital 2

Surname or Family name including Title

All other names in full

Address where you lived

Postcode

About your doctor:
Please give these details even if you have not visited your GP recently, as we may still need to contact them to process your claim.

34. Your present doctor's name and initials

35. Doctor's surgery address

Postcode

36. Surgery phone number (including area code)

37. Have you seen your doctor (or anyone else) at your general practice about the condition(s) that you are now claiming for?

☐ No — Please tell us why in the box below. **Then go to question 38**

☐ Yes — **Please tell us the date or approximate dates below**

When did you first see your doctor about the condition(s)

Part 4 – About your medical treatment after service continued

When did you last see your doctor about the condition(s)

Part 5 – Other information

Any award of war pension may be affected by other payments of compensation. This is because you cannot be paid twice for the same disablement.

38. Please tell us if you have claimed any other compensation from anyone else for the condition(s) you are now claiming

☐ No **Go to question 52**

☐ Yes

39. Who did you make your claim for compensation to?

☐ Ministry of Defence as your service employer

☐ Your civilian employer

☐ Overseas Government

☐ A third party responsible for the accident or condition

Please tell us:

40. Their name and address

Postcode

41. Reference number

42. The condition(s) you claimed compensation for

43. If the claim is against your civilian employer, please tell us what job you did

44. Did you have help from a solicitor, insurance company or trade union when you made your previous claim?

☐ No **Go to question 47**

☐ Yes

Part 5 – Other information continued

45. What is their name and address

Postcode

46. Reference number

47. Have you had the result of this claim?

☐ No **Go to question 52**

☐ Yes

48. Did you get any money from this claim?

☐ No **Go to question 52**

☐ Yes

49. How much were you paid?

50. On what date were you paid?

51. Do you have a copy of the letter telling you about the result of your claim?

☐ No

☐ Yes
Please send us a copy of this letter. We will send it back to you.

Part 6 – About other benefits, allowances or entitlements

52. Please tell us if you have claimed or are receiving any benefits, allowances or entitlements

The benefits, allowances and entitlements we need to know about are:

- Incapacity Benefit
- Personal Independence Payment (PIP) or Disability Living Allowance
- Income Support
- Carer's Allowance
- Employment and Support Allowance (ESA) (Contributory
- State Pension
- Occupational Pension
- Severe Disablement Allowance
- Jobseekers Allowance
- Additional Allowance Spouse
- Employment and Support Allowance (ESA) (Income related)
- Universal Credit
- Pension Credit

☐ No **Go to question 55**

☐ Yes

Part 6 – About other benefits, allowance or entitlements continued

53. What benefits, allowances or entitlements have been claimed or are being paid?

54. When was the claim made?

55. Have you claimed or are you receiving Industrial Injury Disablement Benefit (IIDB)

☐ No **Go to part 7**

☐ Yes

56. What condition(s) have you claimed or are receiving IIDB for?

57. When was the claim made?

Please be aware that payment of war pension may be affected if you are receiving or have claimed any of these benefits, allowances or entitlements.

Part 7 – Payment directly into an account

We normally make payment direct into an account
You can use a bank, building society or other account provider. Many banks and building societies will let you collect cash at the post office.

How we will pay you
If you were an officer, we can pay your pension every month or every quarter in arrears. If you were not an officer, we can pay your pension every 4 weeks (3 weeks in arrears, 1 week in advance), every 13 weeks (12 weeks in arrears, 1 week in advance) or every week. For payments overseas, all periods are paid in arrears.

We will tell you when the first payment will be made and how much it is for. Each payment, after the first one, should be for the same amount unless there is a change in your circumstances. We will tell you whenever we know there is going to be a change in the amount we pay into your account.

Finding out how much is paid into your account
You can check your payments on your accounts statements. The statements may show your National Insurance (NI) number next to payments that are from us. If you think your payment is wrong, get in touch with us straight away.

If not enough money is paid into your account
If we do not pay enough money into the account, we will make another payment or add the money we owe you onto your next payment. We will contact you to tell you what we are going to do.

If we pay you too much money
We have the right to recover any money paid to you which you are not entitled to. This may be because of the way the direct payment system works. For example, you may give us information which means you are entitled to less money but we may not be able to change the amount we have already sent out. If this happens, we will contact you before we recover any money.

Part 7 – Payment directly into an account continued

What to do now

- Tell us about the account you want to use. By giving your account details you are agreeing to be paid by Direct Payment and understand the information on this page about being overpaid.
- If you do not yet have an account but intend to open one, please give us your account details as soon as you have them, in the meantime return the completed form to us.
- If you do not have an account, please contact us and we will give you more information.

Part 7a – About the account you want to use

Please tell us your account details below. It is very important you complete ALL 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 the cheque book, passbook or statements. If you are not sure about the details, ask the bank, building society or other account provider.

You can use:

- An account in your name
- A joint account, or
- 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.
- If you are an Appointee or a legal representative acting on behalf of the customer, the account should be in your name only.
- To be paid into a credit union account you must provide the credit union's account details. Your credit union will be able to help you with this.

Name of the account holder

Please write the name of the account holder exactly as it is shown on the cheque book or statement

Full name of bank, building society or other account provider

Sort code

Please tell us all six numbers
for example, 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 the 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, ask the building society.

Building society roll or reference number

Part 7a – About the account you want to use continued

Please complete the following if you want to use an overseas bank account

Your overseas bank sort code could contain letters or numbers, in some cases up to 10 characters long.
Please print it here for example **12345678AB**

Your overseas bank account number could contain letters or numbers in some cases up to 18 characters long. Please print it here

International Bank Account Number (IBAN)

Bank Identifier Code (BIC).

Part 7b – How often can I be paid?

Please tick one box only:

- ☐ Every month - officers
- ☐ Every quarter - officers
- ☐ Every 4 weeks – other ranks
- ☐ Every 13 weeks – other ranks
- ☐ Weekly – other ranks

Please note payment details are outlined at Part 7 of this form. For payments overseas, all periods are paid in arrears.

Part 8 – 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 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 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 for Work and Pensions.
- used by the MOD and its agents in connection with all matters relating to this or future claims, or 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.

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 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 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 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 via 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

Name

When we receive your completed WPS0002 we will send you an acknowledgement.

Further information sheet **NI number**

Please put your National Insurance number at the top of this page.

Part 9 – For completion by Veterans Welfare Service (VWS) or Authorised Agents only

Name of Department or Organisation

Office address stamp

Your reference number

Signature

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 Authorised Agent.