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
- If you have an enquiry for the Armed forces Pension Scheme, please call the JPAC Enquiry Centre on 0800 085 3600 or email DBS-PensionsHelp@dbspv.mod.uk

The form will not save in

- · older versions of Adobe Acrobat Reader
- other pdf readers, for example Preview on a Mac or Foxit on a PC

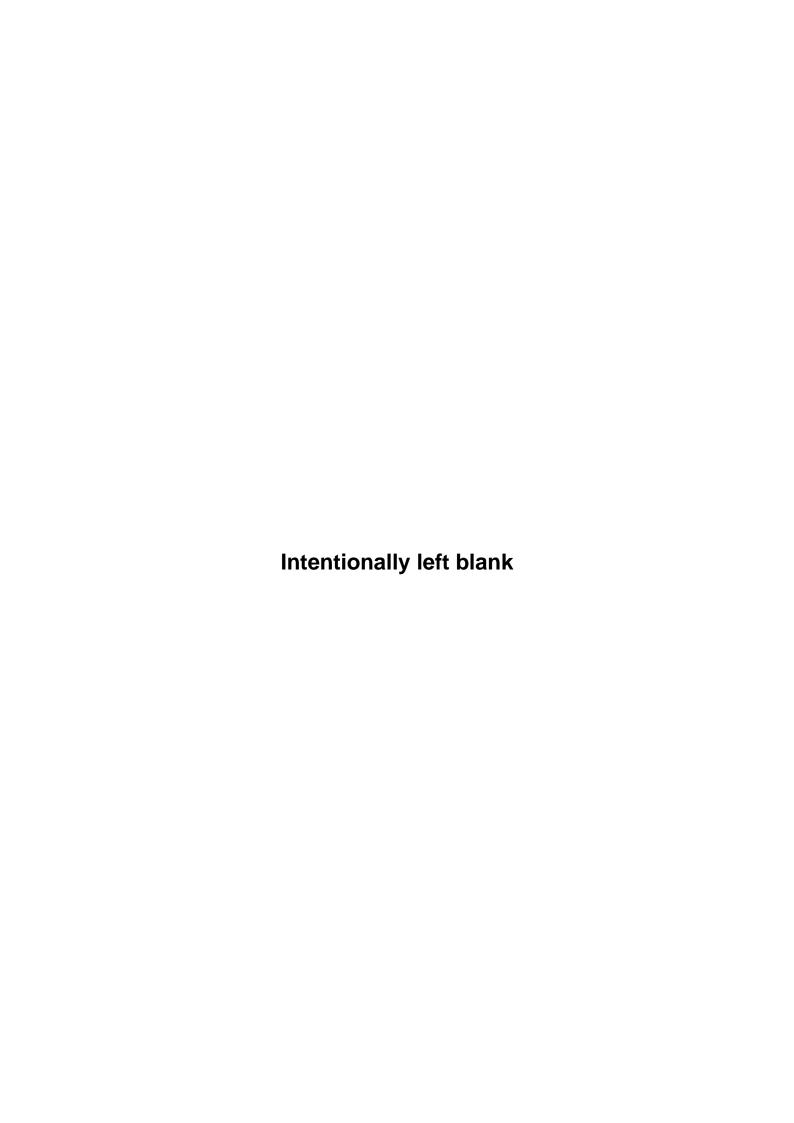
We have been made aware of issues when using Apple products such as Iphones and Ipads to complete this form.

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.

PLEASE NOTE YOU MUST SIGN THIS FORM USING A BLACK PEN. WE CANNOT ACCEPT THIS FORM BY EMAIL

Feedback





Veterans UK

Armed Forces Pensions, Mail Point 330 Kentigern House 65 Brown Street Glasgow G2 8EX

Telephone number: 0800 085 3600

Request for Consideration of Early Release of Armed Forces Pension Scheme Benefits
This application must be supported with a completed Pension Application Form 8

Section 1 – Personal/Service details				
Title	Surname			
First names				
Date of birth	National Insurance No			
Address				
Postcode				
Telephone number with area code				
Service number	Rank			
Date of leaving the Armed Forces	Service			
Section 2 – Details of your last Employment				
You must complete this section. Failure to provide this information will result in your claim being returned				
Name of employer				
Address				
Postcode				

Section 2 – Details of your last employment continued					
Dates of employment					
From		Т	o		
Job title					
Brief description of dut	ties				
Did you work F	ull time	Part tim	ne		
Did you leave the emp	oloyment due to ill-health?				
Yes	Go to a	No	Go to b		
a What modical disc	order(s) led to your retirement?				
a. What medical diso	ruer(s) led to your retirement:				
b. Please give the rea	ason you left this employment				
Section 3 – Your	present state of health				
			s make you permanently unable to work		
(e.g. difficulty bending full-time employment,	, lifting, walking) and from what appropriate to your skills/experi	date the ence or f	y affected your capacity to undertake for which you might reasonably retrain:		
Why this makes you permanently					
Condition	unable to undertake full-time employment	ittiy	Date when this first affected your capacity to work full-time		
	етпрюутнети				

Are you receiving any Dep Please state the percenta		` ,	s or a War Pension benefit? hich this is payable
If you are receiving Personal Indepe the Standard or Enhanced Rate. Yo			g and or Mobility, and whether this is at ur claim
Yes	Please give details below	No	Go to Section 4
Type of benefit/allowance)		Date of first payment
Section 4 – Other fa	ctors		
Is there anything else you think we should know about in support of your claim? If you have a reduced life expectancy and have an SR1 form (previously known as a DS1500) which has been completed by a Health Care Professional, please submit this with your claim.			
AFPS 05, AFPS 15 & RF	-		
If your life expectancy is whole pension for a lum receive if you opted to e	p sum. If you would	like to know how muc	h you would
Section 5 – Details of	of your General Practiti	oner and hospital atten	ded (if applicable)
Name of your GP			
Address			Telephone number
Address			
	Postcoo	de	
Name and			Hospital reference number
address of hospital			
In respect of condition(s) listed at Section 3			Name of Consultant
			Telephone number
	Postcoo	de	

Section 3 – Your present state of health continued

Section 6 – Other claims

If you have a recent claim with either the Armed Forces Compensation Scheme (AFCS) or the War Pension Scheme (WPS), where you have submitted recent medical evidence, please tell us about this below.

Do you have a recent claim where you have also submitted recent medical evidence for:

The Armed Forces Compensation Scheme

The War Pension Scheme

Please provide further details of the recent medical evidence you have submitted.

\triangleright	Section 7 – Declaration by Applicant				
I cor	irm that:				
	I am unable to undertake any regular full-time paid employment in any reasonable capacity, suitable to my experience and training or for which I might reasonably retrain because of the disorder or disorders detailed as follows:				
	 I am currently unemployed and not receiving any form of paid or unpaid leave of absence from a current or former employer. 				
	 I have completed the enclosed consent form to allow the administrators of the AFPS/RFPS full access to my medical records, wheresoever these are held. 				
	 I understand that, if I wish to provide additional medical evidence, I may do so, but the Ministry of Defence will not be responsible for meeting any of the costs I may incur. 				
	 I understand that if my condition improves and I am again able to work full-time, I must immediately inform Defence Business Services (Glasgow). 				
	 I also understand that providing misleading of false information in my application or failing to inform of a change in condition could lead to a criminal prosecution. Also, that if the Ministry of Defence discovers, at a later date, that I have been paid a pension whilst not entitled, the Ministry of Defence will seek to recover the sums paid in error. 				
clair	erstand that if for any reason there is a change in the circumstances that may affect my or the level of my pension, e.g. damages from a common law claim in respect of the injury/condition, I will inform Defence Business Services (Glasgow) immediately.				
Sign	uture				
	Date				
Nam					
You	must sign this form yourself if you can – even if someone else has filled it in for you. If a				

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.

Failure to complete this form in full will result in the form being returned to you and your claim suspended.

FORMAL CONSENT TO RELEASE PERSONAL MEDICAL INFORMATION

Medical information about you is confidential and cannot be disclosed without your specific consent. We therefore require your permission in writing before any of your medical details can be revealed to us and before we can process your application. In order to process your application, please read the following and sign.

You do not have to consent to the release of this information or records but you should bear in mind the implications this will have on any decision regarding your application since, the medical information obtained will only be used for the purpose of deciding whether you are eligible for the early payment of your preserved pension or pension increase.

Declaration

I understand that:

- the information I provide will be used exclusively to process my claim.
- the Ministry of Defence may obtain and check information about this claim from a number of different sources and I agree that those sources may give and receive any information needed so that this claim can be dealt with.

I also understand that the Ministry of Defence will give me a list of those sources if I ask them to do so, and that the information which it gets may be used for other purposes but will only be given to other people as permitted by law.

I agree that the:

- Ministry of Defence,
- any doctor advising the Ministry of Defence,
- any organisation which is contracted to provide medical services to the Ministry, or
- any doctor providing services to that organisation.

May ask:

- any doctor who has treated me,
- any hospital or similar place where I have received treatment,
- anyone else who has given me treatment (such as a physiotherapist),

for any information which is needed to deal with this claim for early payment of a preserved pension or pension increase.

I understand that the Ministry of Defence may use the information which it has now, or may get in the future, to decide whether I am entitled to the early payment of a preserved pension or pension increase.

- I understand that I must promptly tell Defence Business Services (Glasgow) of anything that may affect my claim.
- I declare that the information I have given on this form is correct and complete as far as I know and believe.
- I understand that if I knowingly give false information, I may be liable to prosecution or other action.

Signature		
	Date	
Full name		
Service Number	Date of Birth	

Important Notice:

You have the legal right to withhold your consent for the Ministry of Defence to apply for this medical information; however, this may affect the outcome of your claim, since proof of your disability is a fundamental requirement for your eligibility under the scheme rules.