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

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Ministry of Defence

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 | To

Job title

Brief description of duties

Did you work Full time ☐ Part time ☐

Did you leave the employment due to ill-health?

Yes ☐ Go to a No ☐ Go to b

a. What medical disorder(s) led to your retirement?

b. Please give the reason you left this employment

Section 3 – Your present state of health

Please list your current health problem(s), how these problems make you permanently unable to work (e.g. difficulty bending, lifting, walking) and from what date they affected your capacity to undertake full-time employment, appropriate to your skills/experience or for which you might reasonably retrain:

Condition	Why this makes you permanently unable to undertake full-time employment	Date when this first affected your capacity to work full-time

Section 3 – Your present state of health continued

Are you receiving any Department Works and Pensions (DWP) benefits or a War Pension benefit? Please state the percentage level assessment and the conditions for which this is payable

If you are receiving Personal Independence Payment (PIP), please state whether this is daily Living and or Mobility, and whether this is at the Standard or Enhanced Rate. **You can include a copy of your PIP statement to support your claim**

Yes ☐ Please give details below No ☐ Go to Section 4

Type of benefit/allowance	Date of first payment

Section 4 – Other factors

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 & RFPS 05 only

If your life expectancy is 12 months or less, you have the option to exchange your whole pension for a lump sum. If you would like to know how much you would receive if you opted to exchange your pension for a lump sum, please tick this box ☐

Section 5 – Details of your General Practitioner **and** hospital attended (if applicable)

Name of your GP

Telephone number

Address

Postcode

Hospital reference number

Name and address of hospital
In respect of condition(s) listed at Section 3

Name of Consultant

Telephone number

Postcode

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.

Section 7 – Declaration by Applicant

I confirm 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.

I understand that if for any reason there is a change in the circumstances that may affect my claim or the level of my pension, e.g. damages from a common law claim in respect of the same injury/condition, I will inform Defence Business Services (Glasgow) immediately.

Signature

Please sign in black pen after printing

Date

Name

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

Please sign in black pen after printing

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.