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@mod.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 iPhone and iPad 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.

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Veterans UK
War Pension Scheme
Tomlinson House
Norcross
Thornton-Cleveleys
FY5 3WP

Freephone: 0808 1914 2 18
Overseas: +44 1253 866043
Email: Veterans-UK@mod.gov.uk

War Pensions Unemployability Supplement Claim Form

To be entitled to an Unemployability Supplement

- you must be getting a War Pension at the 60% rate or higher, **and**
- you must be under the age of 65 when you make your claim, **and**
- your accepted condition(s) must be so serious that you cannot work.

If your accepted condition(s) is not the only reason you cannot work it must be

- bad enough by itself to stop you working, **or**
- a big part of the reason you cannot work.

We may also be able to award Invalidity and Comforts Allowances and extra allowances for your spouse or partner and children with Unemployability Supplement.

We will normally pay this allowance from the date you claimed your pension if you return this form within three months of the date shown on your notification of award.

If you return this claim form more than three months after the date on your notification of award of pension the allowance will normally be paid from the date you requested this form. Otherwise you will normally only be paid from the date we received your completed claim form.

Please answer the questions in the reply part of this letter then sign and date the **Declaration** and send this form back to us as soon as you can. A prepaid envelope is enclosed.

If you need help completing this form our Veterans Services (VS) can help, please see our contact details above.

Changes you must tell us about

If anything about yourself changes please tell us straight away. Remember, if you are writing to us about someone else we need to know about the changes that happen to them.

You must tell us if you

- start work
- start getting another benefit, pension or allowance from the Department for Work and Pensions (DWP), any other Government Department or the Training Agency
- start a course of vocational training run by the Training Agency (UK only).

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.

Your Reply

Part 1 – About you

1. National Insurance number

2. Title and Surname

3. Other names

4. Any other name you have been known by or are using now

5. Address

Postcode

6. Date of birth

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

8. Your email address

Part 2 – About your last job

1. What was your last job?

2. Why did you leave?

3. What was the name and address of your last employer?

Postcode

4. When were you last paid?

5. If you are still being paid a wage or salary by your last employer please give full details

Part 3 – About your spouse or civil partner

1. Are you married or have a civil partner? ☐ Yes ☐ No **Go to question 3**

2. Do you wish to make a claim for your spouse or civil partner? ☐ Yes **Go to question 5**

   ☐ No **Go to Part 4**

3. Are you living as husband and wife or civil partner, and wish to make a claim for your partner? ☐ Yes ☐ No

4. Tell us when you started to live together and then tell us about your partner

5. Their National Insurance number

6. Their surname

7. Their other names

8. Their date of birth

9. Date of your marriage or civil partnership registration

10. Do they live with you? ☐ Yes **Go to Part 5**

    ☐ No

11. Do you pay any money towards their support? ☐ Yes **Go to Part 5**

    ☐ No **Go to Part 4**

Part 4 – Adult Dependant / Partner

If you are not claiming for a spouse or civil partner we may be able to pay you an extra allowance for an adult dependant.

An adult dependant is someone who lives with you and who you support because they do not get more than a certain amount of money. If you think you may be entitled to this allowance please complete this part and **Part 5**.

If you are claiming for an older child who is in full time education you should claim child's allowance - see **Part 6**.

Adult Dependant

1. Have you got an adult dependant? ☐ Yes ☐ No **Go to Part 6**
2. Their National Insurance number
3. Their surname
4. Their other names
5. Their relationship to you

Part 5 – Earnings of spouse, civil partner or adult dependant

1. Does your spouse, civil partner or adult dependant work? ☐ Yes ☐ No
2. Are they self employed? ☐ Yes **Go to question 11**

   ☐ No
3. If they worked during the last two years when did the finish work?
4. Are they due to return to work? ☐ Yes

   ☐ No **Go to Part 6**
5. Tell us the date they are due to return to work if you know it. Then go to **question 6**

If at any time in the future they go to work or start to receive any benefits / income in their own right you must tell us immediately.

If in a job

6. What is the job?
7. How much do they earn per week?
8. What is the name and address of their employer?

   Postcode

Part 5 – Earnings of spouse, civil partner or adult dependant - continued

Please send us their last **6 weeks** or **2 months** pay slips. If you cannot send them we will contact their employer.

We may be able to allow expenses such as:

- fares
- national insurance contributions
- cost of laundering
- up to 15p per day towards the cost of meals
- Trade Union Subscriptions
- the cost of paying another person to look after someone in your house because your spouse, civil partner or adult dependant goes out to work.

9. Are there any expenses?

☐ Yes — Fill in **question 10** then **go to Part 6**

☐ No — **Go to Part 6**

10. Type of expense

	How much?	Weekly/Monthly

If self-employed

11. What do they do as a self-employed person?

We need to know about the earnings of the person you are claiming for. **Please send:**

- a statement of profit and capital allowances as agreed by HM Revenue and Customs for the last business year, **or**
- the notice of assessment under Schedule D, **or**
- written confirmation from HM Revenue and Customs to say that is not necessary to keep accounts, **or**
- written confirmation from HM Revenue and Customs to say that a tax assessment was not justified.

Do not send any business accounts

Part 6 – About benefits, allowances or entitlements

We may be able to pay extra allowance for your children, including older children, who are still in full time education. Please give details below.

Full name of child	Date of birth	Relationship Son/ Daughter	Over 16, are they at school?	Do they live with you?	Do you support them?

Part 7 – About your children

- If they are under 16 years of age? Please complete part 7
- If they are over 16 years of age? Please complete part 6 **and** part 7

If you have more than one child over the age of 16 please complete their details on a separate sheet, including your name and National Insurance number.

1. Child's Surname

2. Child's other names

3. Date of birth

4. Relationship to you

5. Do they live with you? ☐ Yes

☐ No Where do they live?

Postcode

6. What is the name of the course?

Part 7 – About your children - continued

7. When does the course start and finish?

Start

Finish

8. What is the full name and address of the place where the course will be held?

Postcode

9. How many hours a day are spent on the course?

10. Are they paid for any part of the course? For example a sandwich course

Yes

No **Go to question 12**

11. When are they paid

From

To

12. What type of course is it?

Full time

Part time

If part time, what are they doing for the rest of the time?

13. Have they already obtained a degree?

Yes

No

14. Is a grant from the Local Education Authority given?

Yes

How much is paid?

No **Go to question 17**

15. Who pays the grant?

16. Is the grant worked out from the parent's income?

Yes

No

17. Are there any benefits, allowances or entitlements paid?

Yes

No

Please tell us which benefit, allowance or entitlement has been claimed

How much is paid?

Part 7 – About your children - continued

18. Does the child receive money from other sources? ☐ Yes ☐ No

Who pays this money?

How much is paid?

19. Do you pay anything towards their support? ☐ Yes ☐ No

20. Has a maintenance order or assessment been granted? ☐ Yes On what date?

21. If a court order or child maintenance assessment has been made, what is the address of the court or Child Support Agency office?

Postcode

Part 8 – About benefits, allowances or entitlements

The Department for Work and Pensions cannot pay the following Benefits at the same time as the War Pension Unemployability Supplement and any extra allowances you have claimed for your family.

If you are claiming an allowance for them please tell us. These may affect any payment you may get.

- Incapacity Benefit
- Industrial Injuries Disablement Benefit
- Income Support
- Minimum Income Guarantee
- Job Seeker's Allowance
- Employment and Support Allowance (Contributory)
- Severe Disablement Allowance
- Carer's Allowance
- Statutory Maternity Pay
- Training Allowance from the Employment Services Agency
- Widows Pension / Bereavement Allowance
- Statutory Sick Pay
- Employment and Support Allowance (Income related)
- Basic State Pension (extra pension) such as Graduated Retirement Benefit (GRB) and Additional Pension (AP) can be paid

Tell us about any allowances or benefits you, your family or adult dependant are getting.

1. What allowances or benefits are you or your family receiving?

2. Who gets this allowance or benefit?

3. What is the name and address of the office that pays the benefit?

Postcode

Part 8 – About benefits, allowances or entitlements - continued

4. How much is the allowance or benefit per week?

5. Are you or your family getting any other benefit, including benefits paid by the Government of another country? ☐ Yes ☐ No **Go to Part 9**

6. What is the name of the benefit?

7. Who gets it?

8. From which Country?

9. What is the name and address of the office that dealt with the claim?

Postcode

Part 9 – Any other income

If you have any other earnings or income you must tell us about them. If you are claiming for a spouse, civil partner, adult dependant or children you must tell us about their earnings. Please include profit from any casual earnings or boarders.

1. Do you or any member of your family have any earnings or income you have not already told us about? ☐ Yes ☐ No **Go to Part 9**

2. Who's earnings or income is it?

3. Where does it come from? If it is from casual work tell us the name and address of the employer.

Postcode

4. Does your spouse, civil partner or adult dependant get an Occupational Pension? ☐ Yes ☐ No

5. How much do they receive?

6. Will an Occupational Pension be payable in the next 12 months? ☐ Yes ☐ No **Go to Part 10**

7. When will the Occupational Pension start?

Part 10 – 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.

Doctor's name	
Surgery address	
Postcode	
Surgery phone number - including area code	

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 Ministry of Defence (MOD) in connection with my claim, or any subsequent reconsideration, review or appeal, under the Armed Forces Compensation Scheme (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.

Declaration – continued

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 by 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

Print name

Emailing the form

- Email the form to: Veterans-UK@mod.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:

Veterans UK
Norcross
Thornton-Cleveleys
Lancashire
FY5 3WP
England

Part 11 - For completion by Veterans Services (VS) or Authorised Agent Only

Name of Department or Organisation

Your reference number

Signature

Official address stamp

Date of receipt of claimant's first contact with VS or 'Authorised Agent' about this claim.

Date claim form issued

Date completed claim form was received back by VS or 'Authorised Agent'.