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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Ministry of Defence

War Widow's / War Widower's Pension / Funeral Expenses

Claim Form

This form is for making your first claim for a War Widow's / War Widower's Pension / Funeral expenses and should be used if your husband's, wife's or civil partner's death was caused by or hastened by:

- service in HM Forces prior to 6 April 2005; **or**
- a war injury in the Merchant Navy; **or**
- a war injury as a civilian in the 1939 to 1945 war; **or**
- a war injury as a civil defence volunteer in the 1939 to 1945 war; **or**
- service in the Polish Forces under British Command during the 1939 to 1945 war; **or**
- service in the Polish Resettlement Corps

You can also use this form if:

- your husband, wife or civil partner was getting or could have got War Pensioner's Constant Attendance Allowance; **or**
- your husband, wife or civil partner was getting a War Disablement Pension at the 80% or higher rate and was also getting War Pensioner's Unemployability Supplement

We cannot pay you a War Widow's / War Widower's Pension if:

- you were awarded a divorce decree absolute from your husband or wife before they died; **or**
- you were awarded a dissolution of your civil partnership before your civil partner died

If you need help completing this form Veterans Services (VS) 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 866 043**

Email: **veterans-uk@mod.gov.uk**
Website: **www.gov.uk/veterans-uk**

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.

Claim Form

If you need to provide more information for any part of this form, please use the Further Information Sheet

Part 1 – About you

Please tell us your:

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

2. Title and Surname

3. All other names in full

4. All other surnames or family names you have been known by
(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

Please send us your original birth certificate. We will return it to you.

7. Telephone number – including area code

8. Your email address (if appropriate)

9. The date of your marriage to your late husband or wife

Please send us your original marriage certificate.

or

The date of your civil partnership registration

Please send us your original civil partnership registration certificate.

10. Were you divorced from your late husband or wife? ☐ Yes ☐ No

If Yes, was your divorce ☐ Nisi? ☐ Absolute?

or

Were you awarded a dissolution of the civil partnership? ☐ Yes ☐ No

11. Were you living with your husband, wife or civil partner at the time of their death? ☐ Yes ☐ No

If No, on what date were you separated ☐

12. Are you?

☐ Living alone

☐ Remarried

☐ Civil partner to another person

☐ Living with partner as husband and wife

☐ Living with a partner as if you were civil partners

For widows only

13. Are you expecting your late husband's baby? ☐ Yes **Please send us your maternity certificate.**

☐ No

14. Are you aged under 40 and unable to look after yourself due to a long-term illness? ☐ Yes **Please send us your sick note if you have one.**

☐ No

Part 2 – About Funeral Expenses

We can pay funeral expenses of £2200.

15. Do you want to claim help with funeral expenses?
(A claim can only be considered if it is made within 3 months of the date of the funeral). ☐ Yes ☐ No **Go to part 3**

16. Have you made a claim to the Social Fund for the funeral? ☐ Yes ☐ No

17. Are you paying for the funeral? ☐ Yes **Go to question 20**

☐ No **Go to question 18**

Part 2 – About Funeral Expenses - continued

18. Who is paying for the funeral?

Name

Address

Postcode

19. What is their relationship to you?

20. Do you know the date of the funeral? Yes No

Please tell us the date of the funeral

Part 3 – About your late husband, wife or civil partner

21. Surname or Family name

22. All other names in full

23. All other surnames or family names they have been known by.
(Please include maiden name, all other married names and all changes of family name, if appropriate. Please list them in date order, the most recent first).

24. Date of birth

25. Date of death

Please send us the original death certificate, which must show the cause of death. We will return it to you.

26. Their National Insurance (NI) number (if known)

Part 3 – About your late husband, wife or civil partner continued

27. Their last address

Postcode

28. Were they getting a war pension from us at the time of their death?

☐ Yes — Please tell us their reference number in the box below

Reference number. (You will find this at the top of any letters or forms we sent them).

Go to question 46

☐ No **Go to question 29**

29. Did they ever receive a war pension from us in the past?

☐ Yes — Please tell us their reference number in the box below

Reference number. (You will find this at the top of any letters or forms we sent them).

Go to question 46

☐ No **Go to question 30**

Part 4 – About your late husband's, wife's or civil partner's service

30. Did they ever serve in HM Forces or the Home Guard?

☐ Yes

☐ No **Go to question 39**

31. Which force did they serve in?

Please tell us:

32. Their service number

33. Their dates of service — Enlistment — Discharge

34. Their regiment, corps, battalion or ship on discharge

35. Their rank held on discharge

Part 4 – About your late husband's, wife's or civil partner's service continued

36. Their reason for leaving and Queen's Regulations Discharge paragraph (if known). Reason could be normal 'demob', end of National Service, completion of engagement or Medical Discharge.

37. If they were medically discharged, please state their discharge condition(s).

38. If they served in the Home Guard, please tell us:

Their address on enlistment

Postcode

The number of their last battalion and the last country they served in

The name of their last Commanding Officer

Any other service

39. Did they have any other service in HM Forces, other than the details you have already given? (This could be Army Emergency Reserve, Territorial Army or any other service).

☐ Yes

☐ No **Go to question 43**

Please tell us:

40. Their service number

41. Their dates of service

Enlistment

Discharge

42. Their regiment, corps, battalion or ship and rank

43. Have they ever been a Prisoner of War or Internee?

☐ Yes **Go to question 44**

☐ No **Go to question 46**

Part 4 – About your late husband's, wife's or civil partner's service continued

44. When were they a Prisoner of War or Internee?

	From	To
	From	To

45. Please tell us the names of the camps and the countries where they were held (if known).

46. Please tell us why you think their death was caused by or hastened by their service.

Part 5 – Medical Details

47. Did they have any hospital treatment before their death?

☐ Yes Please tell us about this

☐ No **Go to question 48**

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'.

Details of their hospital record number etc. will be on their hospital appointment card. If they had treatment at more than two hospitals, please tell us about these 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

Please tell us the type of treatment they had

☐ In-patient ☐ Out-patient

☐ Both

Treatment dates

Start End

Hospital 2

Name of doctor or consultant

Hospital name and address

Postcode

Hospital record number

Please tell us the type of treatment they had

☐ In-patient ☐ Out-patient

☐ Both

Treatment dates

Start End

48. Was there a post-mortem after their death? ☐ Yes ☐ No

Please tell us:

49. Their family doctor's name and initials (not their hospital doctor)

Part 5 – Medical Details continued

Please tell us:

50. Surgery address

Postcode

51. Surgery telephone number – including area code

Part 6 – About your dependant children

52. Please complete this section if you have any children that you support who are:
- under 16; **or**
- over 16 but in full time education at a school, college or university or in an apprenticeship; **or**
- over 16 but unable to look after themselves because of an illness that began before they were 16.

If you have more than 2 dependent children, please tell us about them on a separate sheet of paper. Make sure you put your full name and National Insurance number on it.

1st child

Surname

Other names

Date of birth

Please send us their original birth certificate.

Their relationship to you

Their address if they do not live with you

Postcode

2nd child

Surname

Other names

Date of birth

Please send us their original birth certificate.

Their relationship to you

Their address if they do not live with you

Postcode

Part 7 – About other benefits, allowances and entitlements

53. Are you receiving or waiting to hear about any of the following benefits, allowances or entitlements?

- Incapacity Benefit
- Income Support
- Employment and Support Allowance (Contributory)
- State Pension
- Severe Disablement Allowance
- Jobseekers Allowance
- Occupational Allowance
- Carer's Allowance
- Bereavement Benefit
- Industrial Death Benefit
- Employment and Support Allowance (Income Related)
- Guardians Allowance
- Widowed Parent Allowance
- Pension Credit
- Disability Living Allowance
- Attendance Allowance

☐ Yes Please tell us ☐ No **Go to question 56**

54. The name of the benefit, allowance or entitlement

55. When was the claim or application made?

56. Are you receiving Family Forces Pension from the Armed Forces Pension Scheme? ☐ Yes ☐ No

Please be aware that if you have claimed any benefits, allowances or entitlements, they could be affected by any War Widow's or War Widower's Pension we may pay you.

Part 8 – Payment directly into an account

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

How we will pay you
If you were the husband, wife or civil partner of an officer, we can pay your War Widows / Widows Pension every month or every quarter **in arrears**. If they 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 account's 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 8 – 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 8a - About the account you want to use

Please tell us your account details below. It is very important you complete ALL boxes correctly. 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 or statements. If you are not sure about the details, ask the bank 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, passbook or statement.

Full name of bank or other account provider

Sort code
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 numbers from the left.

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 e.g. 12345678AB.

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

Overseas Bank Account details - continued

International Bank Account Number (IBAN)

Bank Identifier Code (BIC)

Part 8b – How often can I be paid?

Please tick one box only:

☐ Every month

☐ Every 4 weeks

☐ Every quarter

☐ Every 13 weeks

☐ Weekly

Part 9 – 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 any 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.

Part 9 – Declaration - continued

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 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.

This is my claim for War Widow's / War Widower's Pension / Funeral Expenses.

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. The exclusions are listed below. If you would like to be contacted this way, we need you to complete the details below, sign and date the form and return it to us.

Email address

I authorise Veterans UK of the MOD to use email whenever possible in its correspondence with me via my nominated email address shown above. I accept that the information may include my personal details excluding bank account numbers, National Insurance numbers, 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 transmitted 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 as shown above.

Note: If at any time in the future your email address should change then a new authorisation form will need to be completed and submitted to Veterans UK at the address on the front page. Failure to notify changes will result in Veterans UK refusal to release documents through the internet.

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

Print name

Date

Further information sheet

Part 10 – Checklist

Have you:

- signed the declaration and checked the form carefully?
- filled in all the parts that apply to you?
- enclosed your late husband's, wife's or civil partner's original death certificate showing full certified cause of death?
- enclosed your original birth certificate?
- enclosed your original marriage certificate or civil partnership registration certificate?
- enclosed your original maternity certificate, if you are expecting your late husband's baby?
- enclosed an original birth certificate for any children you are claiming for?
- enclosed your sick note, if you are under 40 and are unable to look after yourself because you have a long-term illness?
- enclosed the original or certified copy of your Power of Attorney / Appointee if you are unable to deal with your own affairs?

Please remember we need to see the original documents, not photocopies.

We will look after any information or documents that you send us. We will take photocopies and send them back to you.

☐ I have enclosed certificates/letters ☐ I have **not** enclosed certificates/letters

When we receive your completed WPS0004WWP we will send you an acknowledgement.

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 Agents only

Name of Department or Organisation

Office address stamp

Your reference number

Signature

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

Date claim form issued

Date completed claim for was received back by VS or Authorised Agent