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

Treatment Allowance

What is Treatment Allowance?

Treatment Allowance is a short-term payable in place of basic War Pension and Allowance for Lowered Standard of Occupation (ALSO). If you incur a loss of earnings as a result of Treatment for your accepted condition(s) it is payable at the 100% rate of War Disablement Pension. This means, if Treatment Allowance is awarded, any basic War Pension is topped up to the 100% rate.

Please note, if your War Pension and ALSO add up to the 100% rate, Treatment Allowance will be of no monetary value to you.

Do you qualify for Treatment Allowance?

If you are having medical, surgical or rehabilitative treatment in a hospital or at home you may be entitled to Treatment Allowance if the treatment:

● is for the condition(s) you get a War Pension for

● stops you working

● causes you to lose earnings

If your treatment and necessary recovery time stops you working more than 8 days and you lose earnings, you may be entitled to Treatment Allowance.

If you do not qualify for Treatment Allowance as your treatment only involves occasional interruptions to your normal employment and you have a loss of earnings you may be entitled to **Part-Time Treatment Allowance**.

How much is Treatment Allowance?

Treatment Allowance is payable at the 100% rate of War Pension

The amount of your basic War Pension will be deducted from the 100% rate. If you are in receipt of ALSO, this will be deducted from the 100% rate.

If you were paid a lump sum gratuity because your War Pension disablement was assessed at less than 20%, we will take this into consideration when calculating the amount of Treatment Allowance payable.

If we decide you are entitled to Treatment Allowance, we may have to recover some money from the amount payable if you have received:

- Income Support
- Income based Job Seekers Allowance
- Employment Support Allowance

Treatment Allowance is of no monetary value if:

- you are in receipt of a 100% War Pension
- your War Pension and ALSO add up to the 100% rate of War Pension

Treatment Allowance not payable

Treatment Allowance is not payable if:

- Treatment is not for your accepted disablement
- It is the condition preventing you from working
- You are not losing earnings

What is Part-Time Treatment Allowance?

It is an allowance that can be paid to a war pensioner who has incurred an actual and unavoidable Loss of Earnings as a result of occasional interruptions to their normal employment so they can receive "treatment" for their Accepted Disablement.
Part Time Treatment Allowance is payable to a war pensioner who receives treatment lasting seven days or less and loses earnings as a result.

Part Time Treatment Allowance is:

● paid in addition to basic pension

● limited to earnings lost and is subject to a maximum daily, weekly rate

We cannot pay Part-Time Treatment Allowance:

● if a war pensioner is receiving or eligible to receive Treatment Allowance

● if a claim is made for a day when the employer's works were closed for holidays or other reasons

● for loss of casual overtime earnings or earnings from subsidiary occupations

Do you qualify for Part-Time Treatment Allowance?

If you are having medical, surgical or rehabilitative treatment in a hospital or at home that lasts for no longer than seven days you may be entitled to Part-Time Treatment Allowance if the treatment is:

● is for the condition(s) you get a War Pension

● causes you to lose earnings as a result of attendance

How much is Part-Time Treatment Allowance?

Part-Time Treatment Allowance is calculated in relation to earnings lost. It is payable in addition to basic pension

What we want you to do

If you want to make a claim for **Treatment Allowance, please go to page 4** and complete **part 2A**. If you want to claim **Part-Time Treatment Allowance, please go to page 5** and complete **part 2B**. If you need any help or advice completing this form, please call the Veterans UK Helpline on **0808 1914 218**.

Please check that **all** the questions on this form applying to you, or the person you are claiming for, have all been completed. If you live overseas, please include evidence of your recent treatment when returning your claim form.

Please include evidence of earnings such as an employer's certificate or pay slips when returning this claim form. If you do not include requested evidence, it will take longer to make a decision on your claim and may result in the claim being rejected.

Make sure you read the declaration and sign the claim form on page 8.

Information

If you are getting War Pensions Constant Attendance Allowance (CAA) with your War Pension and have been in a National Health Service (NHS) hospital, NHS Trust hospital or care home for 28 days or more we must suspend payment of your CAA. This is because the hospital or care home is looking after you. When you leave the hospital or care home, we will pay your CAA again. Any other benefits or allowances you receive may affect payment of Treatment Allowance. We will let you know if this is relevant in your case.

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.

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**

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Posting the form

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Veterans UK
Norcross
Thornton-Cleveleys
Lancashire
FY5 3WP
England

Part 1a – About you

National Insurance Number

Title and Surname

Other names

Date of birth

Telephone number – including Area code

E-mail address

Part 1b - About your job

Please tell us about your job, please state if you are self-employed.

What is your job?

Please tell us the name and address of your employer?

Postcode

Part 2a – Treatment Allowance (8 days or more)

Please tell us the date you stopped work?

Please tell us the date you went back to work

If you are still off work tell us the date you have been advised to go back to work.

Has your treatment caused you to have a loss of earnings? Yes No

What date did you start to lose earnings?

Part 2b - Part Time Treatment Allowance (Less than 8 days)

Time off work

Has the treatment caused you to have a loss of earnings? ☐ Yes ☐ No

Loss of earnings

Please tell us:

Date you lost earnings	Your hourly rate of pay	Hours absent from work	Amount of earnings lost
	£		£
	£		£
	£		£
	£		£

Part 3a – Loss of earnings if you are employed

Ask your employer to provide a certificate stating that on the above dates you have lost earnings and the amount lost. It must have your employer's official stamp. Alternatively, you can send pay slips to show you have lost earnings.

Have you enclosed evidence to confirm your loss of earnings? ☐ Yes ☐ No

Part 3b – Loss of earnings, if you are self-employed

If you are currently self-employed, please provide any evidence available to support your claim to confirm you have lost earnings. For example, if you are completing a contract provide pay slips to show you have lost earnings.

Have you enclosed evidence to confirm the nature of your self - employment? ☐ Yes ☐ No

If you cannot provide evidence of your loss of earnings, please tell us why

Please note: It may be necessary for Veterans UK to make further enquiries to confirm you are self-employed and that you have lost earnings. Any evidence you have enclosed will be returned.

Part 4 – Treatment

Please supply your GP's details

Doctors surname and initials

Doctor's surgery address

Postcode

Surgery phone number- including Area code

Hospital Treatment

What is the name and address of the hospital you are being treated at?

Postcode

What is the name of the Consultant and/or Department you are attending?

What is your hospital reference number?

How are you being treated? ☐ Inpatient ☐ Outpatient

What date did your treatment start?

If the treatment has finished what date did it end?

Part 4 – Treatment - continued

If you are being treated at more than one hospital, please tell us the details below.

What is the name and address of the hospital you are being treated at?

Postcode

What is the name of the Consultant and/or Department you are attending?

What is your hospital reference number?

How are you being treated? ☐ Inpatient ☐ Outpatient

What date did your treatment start?

If the treatment has finished what date did it end?

Please tell us here. If you are being treated at a further hospital and any other information you think will help us deal with your claim.

Declaration

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 Armed Forces Compensation Scheme (AFCS) or Service Pension Order (SPO) or any other schemes administered by the 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 the 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

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