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 Pension - Application for a review

We can increase your War Pension if your accepted condition has worsened, or if another condition has made your accepted war pension disablement worse.

Unfortunately, we cannot take into account any deterioration which is purely as a result of the ageing process.

Please complete this form giving us as much information as you can. If you have any supporting information, please send it to us. For example:

- a photocopy of an appointment card where you have needed treatment for the condition you have asked us to look at again
- a letter or short statement from someone who is treating you confirming you have had treatment or asked for advice because your condition has changed. This can be any health care professional recognised by the NHS such as:
    - a GP
    - a hospital consultant
    - a physiotherapist
    - a chiropodist.

Please note that we cannot refund any cost you may incur to confirm the treatment.

If you need any help completing this form Veterans Services (VS) can help. Or contact us on:

Veterans-UK
Norcross
Thornton-Cleveleys
FY5 3WP
England

Telephone: Veterans (UK only) Helpline 0808 1914 2 18
Overseas Helpline: +44 1253 866043
Website: www.gov.uk/veterans-uk

Please answer the questions in the form, then sign and date the **Declaration part on page 11.**

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Posting the form

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Post the form to:

Veterans UK
Norcross
Thornton-Cleveleys
Lancashire
FY5 3WP
England

It is a legal requirement of the War Pension Scheme (WPS) that Veterans UK is provided with information or evidence, reasonably requested in order to complete a review. If we do not receive this information or evidence within 3 months of this request, we will suspend payment of your war disablement pension.

If you are having difficulty in providing any of the information requested, you should contact our Veterans Helpline for help or advice.

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.

Part 1 - Your details

If you do not tell us all your personal details, we may have to get in touch with you for more information. This will delay your review and you could lose money.

1. National insurance number (NINO)

2. Title and surname

3. All other names (in full)

4. Previous surnames.
   Please include maiden names, former married names and any other changes of name. Please list in date order, most recent first.

5. Address

   Postcode

6. Date of birth

7. Telephone number (including area code)

8. Email address

Part 2 - About this application

9. Please tell us why you think your disablement assessment should be reviewed.

In particular:

- How has your disablement changed since the assessment was made?
- Has the disablement you receive your war pension for increased because of the effects of another injury/disease? If so, please also tell us how they affect you.

10. GP details (Please give details even if you have not visited your GP recently)

Doctor's name

Address

Postcode

Surgery telephone number (including area code)

11. Are you being treated by your doctor for the disablement you receive you war pension for? ☐ Yes ☐ No **(Go to question 13)**

12. How has your treatment changed?

Part 2 - About this application (continued)

13. Are you being treated at the hospital for the disablement you receive your war pension for/ received treatment that ended recently? ☐ Yes ☐ No **(Go to question 14)**

Hospital 1
Name of Doctor or consultant

Hospital name and address

Postcode

Type of treatment In-patient ☐
Out-patient ☐
Both ☐

Treatment dates

Start	End

Conditions treated

Hospital 2
Name of Doctor or consultant

Hospital name and address

Postcode

Type of treatment: In-patient ☐
Out-patient ☐
Both ☐

Treatment dates

Start	End

Conditions treated

If you were treated under another name or at a different address to your current one, please give us the details on the further information sheet on page 12.

Part 2 - About this application (continued)

14. Are you receiving treatment for the disablement you receive your war pension for by any other health care professional recognised by the healthcare service?

☐ Yes ☐ No **(Go to question 15)**

If yes, please tell us their name and address.

15. Are you enclosing medical evidence to support your application?

☐ Yes **(Go to question 17)** ☐ No

16. If you are not sending supporting evidence, please explain why you think your condition has become worse because of service

Part 3 – About other benefits, allowances or entitlements

17. Please tell us if you have claimed or are receiving any benefits, allowances or entitlements.
The benefits, allowances and entitlements we need to know about are:

- Incapacity Benefit
- Disability Living Allowance
- Income Support
- Carer's Allowance
- Employment and Support Allowance (Contributory)
- State Pension
- Occupational Pension
- Severe Disablement Allowance
- Jobseekers Allowance
- Additional Allowance Spouse
- Attendance Allowance
- Employment and Support Allowance (Income Related)
- Pension Credit
- Industrial Injuries Disablement Benefit

☐ Yes ☐ No **(Go to Part 4)**

What benefits, allowances or entitlements have been claimed or are being paid?

When was the claim made?

If you have claimed or are receiving Industrial Injuries Disablement Benefit (IIDB), please tell us the condition(s) you claimed or are getting IIDB for:

When was the claim made?

Part 4 – Payment direct 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 an officer, we can pay your pension every month or every quarter in arrears. If you 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 we have paid into your account
You can check your payments on your account 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 the 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.

What to do now:

- Tell us about the account you want to use. By giving us 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 4a – 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.

About the account you want to use

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 or statement

Full name of bank, building society or other account provider

Sort Code - -

Account number

If you are using a building society account, you may need to tell us a roll/reference number. This may be made up of letters and numbers and up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

Building society roll/reference number

<u>Please complete the following if you want to use an overseas bank account</u>

Overseas bank sort code

International Bank Account Number (IBAN)

Bank Identifier Code (BIC)

Part 4b – How often do you want to be paid?

Please tick **one box only**

☐ Every month - officers

☐ Every quarter - officers

☐ Every 13 weeks - other ranks

☐ Every 4 weeks - other ranks

☐ Every week - other ranks

Please note: payment details are outlined on page 8 of this form. For payments overseas, all periods are paid in arrears.

Part 5 – 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 MOD in connection with my claim, or any subsequent reconsideration, review or appeal, under the 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**

- 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

In order to process your application:

- 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

maybe required to contact

- 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.

Part 5 – 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 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. 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's 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 the form, they must enclose evidence to show that they are the legal representative.

Signature

Print name

Date

Further information sheet

For completion by Veterans Services (VS) or Authorised Agents only

Name of Department or Organisation

Signature

Your reference number

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