

NHS Injury Benefits Scheme - Enquiry about benefits paid by the Department for Work and Pensions (AW(IB)55L)

From: The Pension Officer (EA Stamp)

Telephone number

Urgent benefit involved

Details of claimant

Title (e.g. Mr, Mrs, Miss, Dr)

Surname

Former surname (If applicable)

Other names

National Insurance number

Date of birth (enclose your birth certificate with this form)

Injury / Disease

We wish to make a payment to this person under the NHS Injury Benefits Scheme which is administered by the NHS Business Services Authority,

To prevent any duplicate payments of pensions or allowances will you please answer questions 1 to 6 on the next pages.

Please see PIP Guide, Part 1, paragraph 6.3 for authority to release this information to us.

Please return this form to the address at the top of the page after completion.

EA number

Date

For the attention of:

- Incapacity Benefit / Employment and Support Allowance Section
- Industrial Injuries Disablement Benefit Section
- Other

Address

Post code

Contact telephone number

Email address

About injury or disease contracted at work on

		/			/				
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1. Has the person had any of these benefits for the injury or disease since

		/			/				
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 ?

Incapacity Benefit Yes No Not decided

Severe Disablement Allowance Yes No Not decided

If **any** of these benefits have been paid complete part 2 as appropriate.
If you have ticked "No" or "Not decided" go straight to part 3.

2. What are the weekly amounts of any benefits paid to date?

Incapacity Benefit

		From	To																				
Short Term Lower	£ <input type="text"/>	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>			/			/					<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>			/			/				
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Short Term Higher	£ <input type="text"/>	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>			/			/					<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>			/			/				
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Long Term Basic	£ <input type="text"/>	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>			/			/					<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>			/			/				
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Severe Disablement Benefit	£ <input type="text"/>	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>			/			/					<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>			/			/				
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Because certain elements included in Incapacity Benefit are excluded from our calculations please provide a breakdown of Incapacity Benefit as follows:

Basic Incapacity Benefit	£ <input type="text"/>
	£ <input type="text"/>
Age Addition Pension	£ <input type="text"/>
	£ <input type="text"/>
Adult Dependant's Allowance	£ <input type="text"/>
	£ <input type="text"/>

Employment and Support Allowance (ESA)

		From	To																				
ESA Assessment Phase	£ <input type="text"/>	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>			/			/					<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>			/			/				
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ESA Main phase	£ <input type="text"/>	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>			/			/					<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>			/			/				
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About injury or disease contracted at work on / /

3. Has the person claimed any of these benefits for the injury or disease?
Please tick the relevant boxes below.

	No claim	Claim allowed	Claim disallowed	Claim not decided
Industrial Disablement Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the above benefit has been allowed complete part 4, otherwise go straight to part 5.

4. If Industrial Disablement Benefit has been paid please show the amounts paid from / / to date.

From	To	Tick one box		Weekly paid benefit amount	Gratuity amount
		Provisional	Final		
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>	£ <input type="text"/>

Please state the weekly amounts of any of these benefits paid from the date shown above

5. Thank you for completing this form.
Please sign it here and send it to the address at the top of page 1.

Signature

Date / /