

## **Fast Payment Application**

Fast payments are a payment on account for those serving personnel with significant injuries. The payment (currently £60,000) can be paid early in the person's treatment and recovery.

A fast payment can be made if:

- you are still serving in HM Armed Forces
- you have injuries which occurred on or after 9 May 2011

#### and

 one or more of these injuries would, upon claiming, give rise to an award between tariff levels 1-8.

The time limit for making an application for a fast payment is 6 months beginning with the day on which the injury occurs.

# Payments under the Armed Forces Compensation Scheme

For serving personnel, payment will be made via Joint Personnel Administration (JPA) into the same account as your salary.

If you signed the UKSF Confidentiality Contract you must apply for Express Prior Authority from your unit Adjutant before putting in *any* claim which may disclose details of your service with UKSF.

If you need more help completing the form our Welfare Service or Helpline advisors can help.

Our contact details are:

Service Personnel and Veterans Agency Norcross Thornton-Cleveleys Lancashire FY5 3WP England

Telephone: 0800 169 2277

Textphone Freeline UK: **0800 169 3458** Overseas Helpline: **00 44 1253 866043** 

Email: veterans.help@spva.gsi.gov.uk

Website: www.veterans-uk.info www.spva.mod.uk

www.mod.uk/afcs

05/11 AFCS FPA

## **Part 1 Personal Details**

1.	Surname	Rank/Mr/Mrs/Miss/Ms/Dr/Rev/Other
	All other names in full	
2.	Contact address	
	Important: Please remember to tell us if your address or phone number changes	
		Postcode
3.	Contact telephone numbers	Home
		Work
		Mobile
4.	Email address	
5.	Date of birth	
6.	Service number	
7.	Service branch (Army, RAF, RN, RM)	
8.	Current rank	

9.	What date did the injuries occur?		I				
10.	Please tell us about the injuries you are claiming for.						
	Include as much detail as possible.						
11.	Please describe the incident						
11.	Please describe the incident Where were you?						
11.							
11.	Where were you?						
11.	Where were you?						
11.	Where were you?						
11.	Where were you?						
11.	Where were you?						

## **Declaration**

**I confirm** that the information I have given is accurate and complete to the best of my knowledge and belief.

## I understand that

- any decision on a fast payment does not prevent me from making a full claim under AFCS but I
  must complete an AFCS claim form within the statutory time limits
- if I am awarded a fast payment the amount I receive will be taken into account when my full claim is assessed and any compensation awarded
- if I knowingly give false information, I may be liable to prosecution.

Please 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	