

Claim Form

This form should be completed if you want to make a claim for an illness, injury or disease you think has been caused by your service in HM Armed Forces.

You can also claim for conditions you had before service - where you feel your service made them worse.

Although you may send any evidence which you think is relevant, please note if you pay to get medical information specifically for this claim we cannot refund you.

It is not necessary for you to get a copy of your Service Medical Records (F Med 4) especially for this claim as we will be able to get our own copy.

Where we are asking for detailed information the notes at the side of the question should help you provide the information we need.

It may seem as though we are asking for a lot of information - however, we need to build up details about your service and your claim and collect as much information as we can to deal with it quickly.

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.

Further information can be found in Leaflet SPVA 1.

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

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. National Insurance number

7. Which of the Armed Forces
Pension Schemes are you a
member of?

Armed Forces Pension Scheme 1975

☐

Armed Forces Pension Scheme 2005

☐

Reserve Forces Pension Scheme

☐

None

☐

Other Pension Scheme - give details below

☐

8. Have you applied for or
received an Armed Forces
Compensation Scheme Fast
Payment?

☐

Yes

☐

No

Part 2 Service details

1. Name in service
(if different to Part 1)

2. Service number

3. Service branch (Army, RAF, RN, RM or the Polish equivalent)

4. Service type (Regular, Reservist, TA or Gurkha)

5. Current Rank if serving or Rank on Discharge

6. Date of enlistment

7. Date of discharge
(if appropriate)

If you have additional periods of service, please tell us about them at Part 6 page 11.

8. Please tick if you served in:

☐

Operation Granby

☐

Operation Telic

☐

Afghanistan

9. Did you serve in the Gulf between September 1990 and May 1991 and receive the Gulf medal and clasp?

☐

Yes

☐

No

10. Reason for discharge
(if appropriate)

11. Current Regiment/Ship/Unit/Squadron or last Regiment/Ship/Unit/Squadron

If you are a Reservist or are in the TA

12. Please tell us your current annual civilian salary **if it is greater than** your annual basic military pay.

£

If you are a reservist you should enclose details of any employers or personal pension scheme benefits you will receive as a consequence of your injury or illness. You can provide this information in the space at Part 6 page 11. If you do not have the information now, please send it to us as soon as possible.

We need to build a complete picture of how the illness, injury or disease affects your life as any payment we may make takes this into account.

1. Please tell us about the illness, injury or disease you are claiming for.

Include as much detail as possible.

Tell us the extent of any injury.

If your illness, injury or disease affects a limb or other paired part of your body (e.g, eyes, ears, kidneys), please tell us whether the left or right side of your body is affected.

Describe how your illness, injury or disease is affecting you now.

Tell us the prognosis you were given for how your condition would develop from when you were diagnosed until now.

If you need more space please go to Part 6 page 11.

2. What date did the injury occur or when did you first notice symptoms of illness?

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Questions 3 & 4 - tell us if you completed MoD form 510, reported the incident to relevant Fleet, the Army or RAF Incident Notification Cell, or anyone in your command. Please send us any Accident Report Forms, Hurt Certificates or any other papers that you may have.

3. For a specific **incident or accident** tell us:

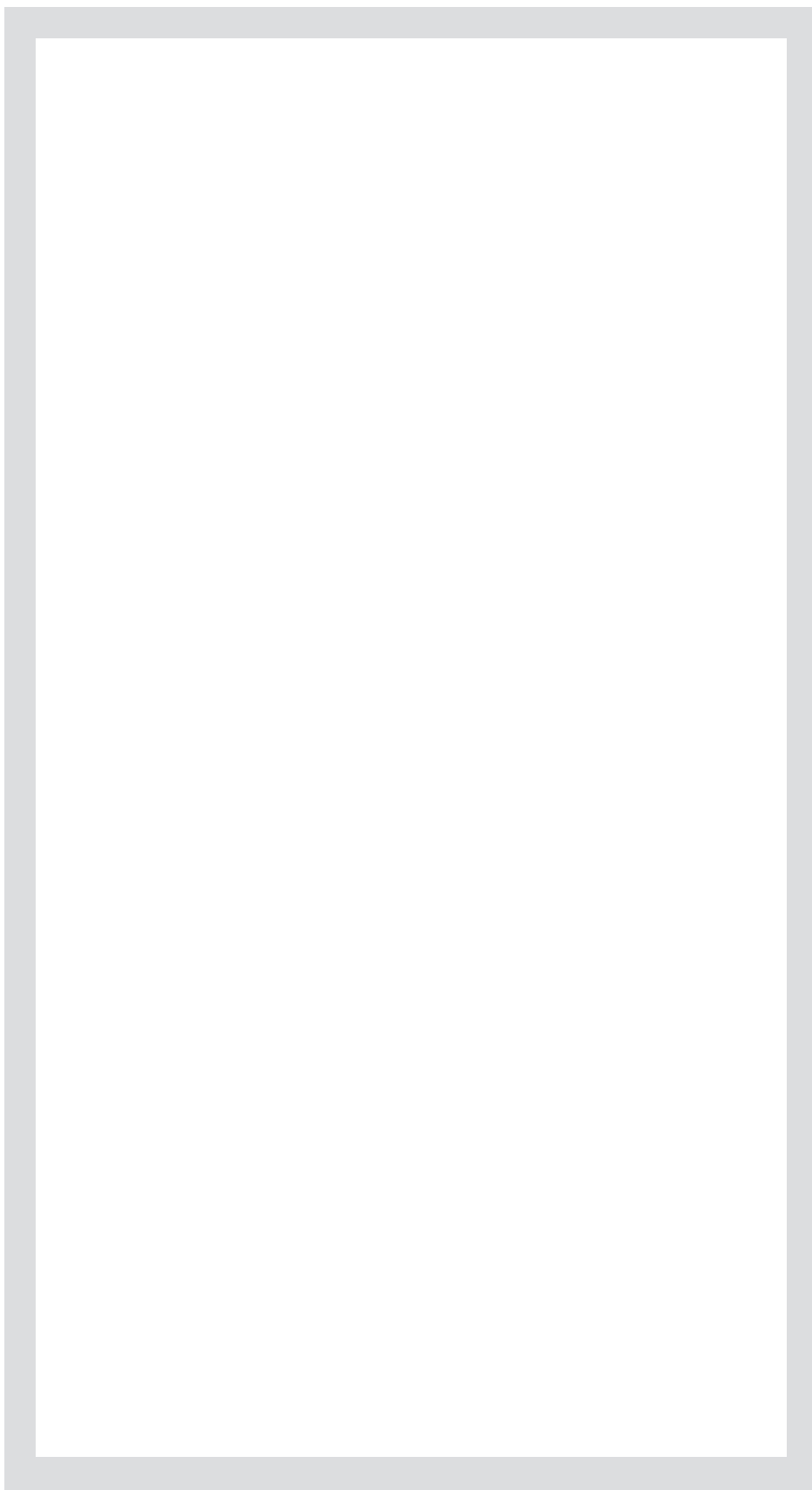
- the date of the incident/accident
- where you were when you were injured
- what you were doing at the time
- whether you were on or off duty
- whether you reported the injury and if so, who you reported it to
- which unit you were serving with
- whether you were in an acting rank at the time, and rank you were in.

For **road traffic accidents** also tell us:

- the details and reason for your journey
- the route you took
- whether you were on authorised leave at the time
- details of any police involvement
- details of any witnesses/passengers.

For **sporting activity, adventure training or physical training injuries** also tell us:

- what the activity was
- whether it was authorised by the armed forces
- whether you were representing your unit
- details of any witnesses
- details of any treatment given at the time of the injury.



4. If you are claiming for an injury or illness which you feel started over a period of time, tell us:
- when it started
 - the unit you were serving with
 - why you think it was caused by your service.

If you think your injury or illness could be due to your particular trade, duties, training or if you were exposed to chemical, biological or hazardous substances, tell us why you think this is.

It is important you tell us the date you first took part in these duties/activities or were exposed to substances and for how long.

5. When did you first seek medical attention?

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Part 4 Medical and Treatment

1. Who did you first seek medical attention from?

Name:

Address:

Postcode

Contact telephone number:

2. What medical diagnosis were you given? (Please be specific.)

3. Which medical practitioner gave the diagnosis?
(By this we mean your Medical Officer, GP, Hospital or other practitioner.)

Name:

Address:

Postcode

Contact telephone number:

4. Please give details of any hospital treatment you have received for your illness or injury either during service or otherwise

You should include
(in date order)

- dates of treatment
- full addresses of the civilian or military hospitals, clinics or surgeries and any relevant reference numbers
- the name of the doctor in charge of your case
- the illness or injury treated (if you are claiming for more than one).

If you need more space please go to Part 6 page 11.

5. Have you received or are you receiving any other type of treatment for the illness, injury or disease you are now claiming for?

Please tell us:

- what the treatment is
- where it is being carried out, and
- who is treating you - by this we mean your Medical Officer, GP, or other practitioner.

If you are awaiting an appointment or any other treatment please tell us.

6. If your current Medical Officer or GP is different to the one you first reported this illness or injury to, please give their contact details

Name:

Address:

Postcode

Contact telephone number:

7. If you were downgraded please tell us:
- the date
 - category and length of downgrading
 - whether you are still downgraded (if applicable).

Part 5 Other compensation

You cannot be compensated twice for the same illness, injury or disease. We need to know if you have claimed for or received compensation from the Ministry of Defence for criminal injuries or for civil negligence or compensation from civil authorities in Great Britain and Northern Ireland for criminal injuries. If you have a letter telling you about the claim, please send us a copy.

1. What condition(s) did you claim compensation for?

What was the outcome of your claim?
(please include details of the person or organisation you claimed from and any reference number you hold.)

2. Tell us about any payment you have received. Also tell us whether this was an interim or final settlement and the date you were paid.

3. If a solicitor has helped you with your claim, please tell us their details

£

Date

☐ Interim settlement

☐ Final settlement

Name:

Address:

Postcode

Contact telephone number:

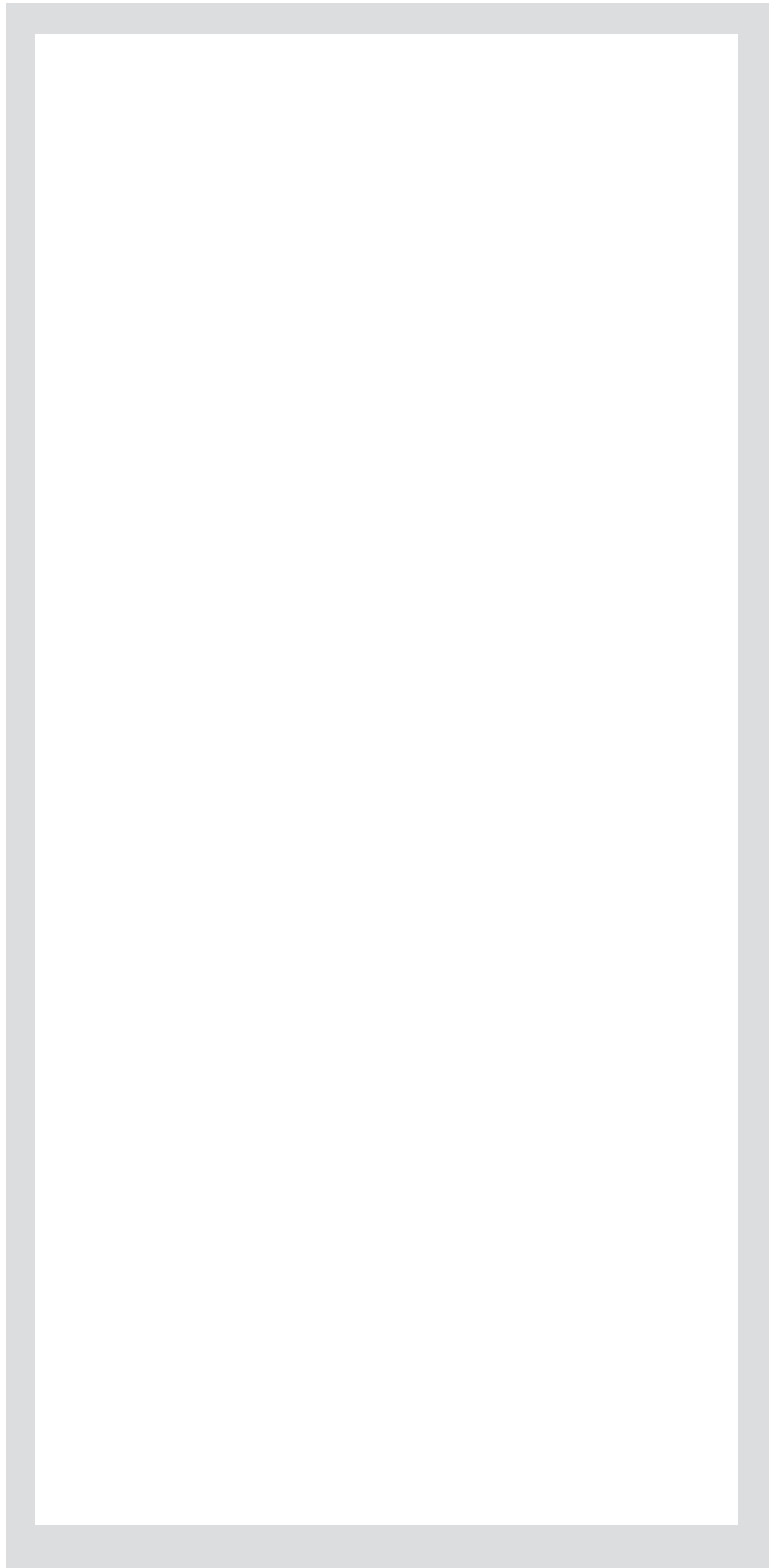
If you have a current claim for compensation from any other source, you must tell us the details as soon as you know the outcome.

Part 6 Further information

Any additional information you can give us may help us to consider your claim.

For example:

- other periods of service
- how you are affected by the condition you are claiming for
- any military decorations you may have received
- details of any witnesses to an accident
- details of any additional evidence we may be able to request relating to your claim
- details of any previous War Pension Scheme or Armed Forces Compensation Scheme claims and reference numbers.



Part 7 About other benefits, allowances or entitlements

Payments from both the Armed Forces Compensation Scheme and the War Pension Scheme **may** affect related benefits from the Department for Work and Pensions including:

- Income Support
- Employment and Support Allowance (Income Related)
- income based Job Seekers Allowance
- Industrial Injuries Disablement Benefit
- Housing Benefit and Council Tax Benefit
- Tax Credits paid to you or your family.

It is your responsibility to inform the relevant Benefit Office, local authority, or Tax Credit Office if you receive payments under one of the schemes.

If you have claimed any of the above benefits please tell us:

The benefits being paid or that you have claimed.

Date claim was made

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If you have claimed or are receiving Industrial Injury Disability Benefit (IIDB), please tell us the condition(s) you claimed or are getting IIDB for.

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Date claim was made

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Part 8 Payment details

Payments under Armed Forces Compensation Scheme - If you have left service, please provide your bank details below. For serving personnel, payment will be made via Joint Personnel Administration (JPA) into the same account as pay.

Payments under War Pension Scheme - Payment will be made directly into a bank, building society or other account. Many banks and building societies will let you collect cash at the post office.

Please indicate the payment frequency you want:

☐ every month - officers

☐ every 4 weeks – other ranks

☐ every quarter - officers

☐ every 13 weeks – other ranks

☐ weekly – other ranks

All Ex-Service Personnel

Please provide details of the account you want to use. This can be:

- an account in your name
- a joint account
- 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
- a credit union account

Please note: if you are an Appointee or legal representative acting on behalf of a customer, the account should be in your name.

Full name of bank, building society or other account provider, Branch name and address

Please write the full name of the account holder as it appears on the statement

Sort code - Please tell us all six numbers e.g. 12-34-56

 – –

Account number

Most account numbers are 8 numbers long.

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers and may be 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 or reference number

Final checklist

Have you:

- filled in the parts that apply to you
- enclosed any evidence you feel will support your claim, such as letters or reports from your doctor, consultant or hospital, your Certificate or Statement of Service or Accident Report forms?

We will look after any documents that you send us and photocopy them and return them to you.

Please read the declaration on the following pages, sign and date the form and return it to us in the envelope provided.

Data Protection Statement

The Ministry of Defence is a Data Controller for the Data Protection Act 1998. Under the act you have a right of access to your personal information held by the Service Personnel and Veterans Agency. If you want to ask for a copy of that information, please write to us quoting your National Insurance number.

The Ministry of Defence is committed to ensuring that all your personal data is processed in accordance with the Data Protection Act 1998.

The personal data (including sensitive personal data, for example information about your physical or mental health or condition) collected and contained within this form will be retained on your physical file and may be used for all lawful purposes including:

- by the Ministry of Defence and its agents in connection with all matters relating to the AFCS claim or a War Pension claim and any other claims against the Ministry of Defence
- by other Government Departments which have a legitimate interest in this information for example for the purposes of research or for the prevention and detection of crime.

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 the Service Personnel and Veterans Agency (SPVA).
- 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 the SPVA, 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 the SPVA, 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

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 the SPVA.

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 the SPVA, 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 SPVA 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.

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

Service or Authorised Agent			Official address stamp		
<div></div>			<div></div>		
Signature					
<div></div>					
Print name					
<div></div>					
Date of issue	<div></div>	<div></div>	<div></div>		
Completed form received	<div></div>	<div></div>	<div></div>		
Date of receipt of claimant's first contact with Veterans Welfare Service or Authorised Agent	<div></div>	<div></div>	<div></div>		