

# Personal Independence Payment

## How your disability affects you



Department  
for Work &  
Pensions

Full name

John Smith

National Insurance (NI) number

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AB CB 12 13

Please fill in this form and return it to us by the date on your letter.

If you do not return this form to us by this date, we may end your PIP claim. If you need to ask for more time to complete this form, please call us on **0800 121 4433** (0800 121 4493 if using a textphone).

If you do not want to continue with your PIP claim and will not be returning this form, please call us on **0800 121 4433** (0800 121 4493 if using a textphone).

### Filling in this form

#### 1 Read through the 'How your disability affects you' information booklet

In it we:

- explain the questions we ask
- help you answer the questions
- give you examples of other things you can tell us
- explain the supporting evidence you can send us
- tell you what you need to do next

#### 2 Start collecting any supporting evidence you want to send us

#### 3 Tear off the letter that came with this form and keep it safe

#### 4 Sign the Declaration

#### 5 Answer the questions

- use a pen
- take your time – you do not have to complete the form in one go
- use **Question 15 – Additional information** section on page 47 if you run out of space on any question, tell us which question you are answering
- remember you can ask a friend, relative, carer or a local support organisation to help you complete it

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- 6 Photocopy your supporting evidence and write your full name and reference number on the top of each page.** You can find your reference number at the top of the letter that came with this form (the reference number is usually the same as your National Insurance number).
- 7 Return this form to us with photocopies of your supporting evidence by the date on your letter.**

You may want to make a copy of the completed form and your supporting evidence before you send it back.

**Do not delay** sending your form if you are waiting for more supporting evidence. You can send it later to the address on the letter. If you do this, write your name and reference number on each piece of supporting evidence. You can find your reference number at the top of the letter that came with the form (the reference number is usually the same as your National Insurance number).

## If you are filling in all or some of this form for someone else

Tell us who you are in the table below:

Name	Relationship with claimant (for example, partner/carer/adviser)

We use this information to understand what help the claimant needs or has needed to fill in this form.

**If you are filling in some or all of the form because the person claiming PIP is not capable of answering for themselves, you can tell us about their needs and the help you give them from your point of view.**

### Examples

‘Alex always has difficulty cooking safely by himself as he forgets if the hob is on.’

‘As his carer, I help Alex by supervising him while he cooks and prompting him if he forgets something.’

This can be as well as or instead of the claimant giving the information themselves.

**If the person claiming PIP is capable of answering for themselves, but needs someone to physically put the answers onto the form.**

If the person claiming PIP needs help to physically put their answers onto the form, for example due to a visual or physical impairment, they can answer from their own point of view.

## Example

'I always have difficulty cooking by myself as I cannot safely cut up ingredients or lift pans because of my severe arthritis.'

**IMPORTANT – the person this claim is for still needs to sign the Declaration themselves**, unless:

- you have already been appointed to receive and deal with their benefits. For example, you are a benefit appointee (appointed by DWP), a Deputy or Receiver, or have a Power of Attorney, or
- they are too ill or disabled to sign for themselves

If either of the above applies, then you must sign the **Declaration** on their behalf.

## If you are signing the form for someone else

**If you are signing the form on behalf of the person claiming, please tell us why.** Please read the list below and put a cross in the relevant box:

- ☐ **I have Power of Attorney for them**
- ☐ **I am a Deputy or Receiver for them** under a Court of Protection Order
- ☐ **I am a Tutor, Guardian, Curator bonis or Judicial factor for them** (under Scottish law)
- ☐ **I am a Corporate Acting Body or Corporate Appointee**  
An organisation appointed to act on their behalf, such as a local authority or firm of solicitors
- ☐ **I am in the process of becoming one of the above** listed in the first 4 options
- ☐ **DWP has already appointed me** to receive their benefits and deal with letters about their benefits
- ☐ **I want DWP to appoint me** to receive their benefits and deal with letters about their benefits because they are too ill or disabled to claim benefits for themselves
- ☐ **None of the above apply, but the person claiming cannot physically sign for themselves** because of their disability, illness or health condition

If the person claiming does not know you are signing for them, please tell us why:


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## Declaration

The information I have given on this form is correct and complete.

I have provided the best information available to me at this time to support my claim.

I will tell the Department for Work and Pensions straight away, by phone or in writing, of any changes that may affect my claim.

If my ability to carry out day-to-day activities or get around improves or gets worse, the amount of Personal Independence Payment (PIP) I get might change.

If the information I give you is wrong or incomplete, or I do not report changes straight away:

- my PIP payments might stop or reduce
- I might be paid too much PIP and have to pay this back
- I might have to pay a financial penalty
- I might be prosecuted

### Signature

SIGNED

### Print your name here

John Smith

### Date

/ /

23/05/2023

## Section 1 – About your health condition or disability

**Q1a Tell us in the space below:**

- **what health condition or disability do you have?**
- **the approximate start date**

By condition or disability, we mean physical, sight, hearing or speech difficulties, learning, developmental or behavioural difficulties or mental health conditions.

You can add other conditions and disabilities later if you need to.

Name of your condition or disability	Approximate start date
<b>Example</b> – Kidney failure	<b>Example</b> – About 14 months ago
Back Pain	Started 5 years ago
Anxiety	12 months ago

**Q1b Tell us about tablets or other medication you are taking or will be taking and the dosage.** If you have side effects from taking your medication, please tell us what they are.

Medication	Dosage	How often do you take it?	Do you have any side effects?
<b>Example</b> – Paracetamol	500mg	Twice a day	Dizziness
Codeine	30 mg	x2 a day	
Citalopram	10mg	once daily	

## Section 1 – About your health condition or disability continued

**Q1c** Tell us about any treatments you have had, you are currently having or have planned for the future (include private as well as NHS funded treatments).

Name of treatment, therapy, or operation	When did it start/When will it happen?	How often do you have it?
<b>Example</b> – Physiotherapy	July 2014	Once a week
Awaiting physiotherapy		

Sample / not for use

## Section 2 – About your health professionals

We ask you to send us supporting evidence with your form, but sometimes we may contact the health professionals who support you for further information.

**Q2 Please tell us below about any health professionals who treat or care for you most regularly and who are best placed to advise us on how your health condition or disability affects you. For example, a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, social worker, counsellor or support worker.**

If you need more space, you can use the **Additional information** section where there is room for anything else you want to tell us.

**Name of health professional 1**

Dr GP

**Address**

GP Road

London

Postcode

**Profession**

GP

**Phone number**

including the dialling code

083828382838

**When did you last see them?**

This can be an approximate date  
– for example, 10 2020

/ /

23/04/2023

**Name of health professional 2**

**Address**

Postcode

**Profession**

**Phone number**

including the dialling code

**When did you last see them?**

This can be an approximate date  
– for example, 10 2020

/ /

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## Section 2 – About your health professionals continued

**Name of health professional 3**

**Address**

Postcode

**Profession**

**Phone number**

including the dialling code

**When did you last see them?**

This can be an approximate date  
– for example, 10 2020

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Sample / not for use



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## Section 3 – How your health condition or disability affects your day-to-day life

PIP is assessed on how your condition affects you, not the condition itself.

Tell us in the rest of this form how your health condition or disability affects your day-to-day life.

### Daily living activities

#### Q3 Preparing food

This means making a simple, one course meal for one. This includes:

- peeling and chopping ingredients
- opening tins
- cooking or heating food on a standard hob or using a microwave

Do consider if you can prepare food safely and without being supervised.

**Q3a Does your condition affect you preparing food, or prevent you from doing so?** (Put a cross in one box below)

☐

No **Now go to Q4**

☒

Yes **Continue with Q3**

**Q3b Tell us about the difficulties you have with preparing food and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty – tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

#### Examples

‘About twice a year, for about 3 weeks at a time I have difficulty remembering to turn the hob off because I get too distracted to complete tasks like this. My partner supervises me in the kitchen to make sure I stay safe.’

‘Every day, I have difficulty standing while preparing food because my leg is too stiff and painful. I need to use a perching stool so I can rest my leg while preparing food.’

### Q3 Preparing food continued

I cannot stand for long due to my back pain. My wife cooks all meals for me. If I am feeling particularly low, I would not go to the kitchen or bother to help

Sample / not for use

## Q4 Eating and drinking

This means:

- remembering when to eat
- cutting food into pieces
- putting food and drink in your mouth
- chewing and swallowing food and drink

Do consider if you need help cutting up food, getting it to your mouth or if someone needs to prompt, encourage or remind you to eat.

**Q4a Does your condition affect you eating and drinking?** (Put a cross in one box below)

- ☐ No **Now go to Q5**
- ☒ Yes **Continue with Q4**

**Q4b Do you use a feeding tube or similar device to eat or drink?** (Put a cross in one box below)

- ☒ No
- ☐ Yes

**Q4c Tell us about the difficulties you have with eating and drinking and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty – tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

### Examples

‘At least 5 times a week, I have difficulty cutting up my food at dinner because my right hand hurts when I hold a knife. I need adapted cutlery so I can cut up my food myself.’

‘I always have difficulty eating enough food at mealtimes to keep healthy because I am preoccupied with my weight and get very upset. My partner prompts me to manage my portion size and eat my meals.’

#### Q4 Eating and drinking continued

If my wife will not cook for me then I usually don't bother to eat.

Sample /  
not for use

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## Q5 Managing your treatments

This means:

- monitoring changes in your health condition or disability (for example, your blood sugar level, mental state or pain levels)
- taking medication in the right way and at the right time
- managing therapies that take place at home which have been recommended by a health professional or pharmacist (for example, physiotherapy or home dialysis)

**Q5a Does your condition affect you managing your treatments?** (Put a cross in one box below)

☐

No **Now go to Q6**

☒

Yes **Continue with Q5**

**Q5b Tell us about the difficulties you have with monitoring changes in your health condition or disability and taking medication, and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty – tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

### Examples

‘About 4 days a week, I have trouble taking my arthritis medication because my wrists hurt when I try to open the pill bottle. I put my pills in a dosette box so I do not need to open the pill bottle on days when I am unable.’

‘Every evening, I have trouble monitoring my blood glucose levels because I forget and get confused on how to do it. My partner prompts me and helps me measure my blood glucose levels in the evening.’

## Q5 Managing your treatments continued

My wife reminds me to take my medication when I forget, this happens

## Q5 Managing your treatments continued

**Q5c Tell us about any therapies you take at home that need the help of another person.**

We want to know about:

- what the therapy is
- how often you receive the therapy
- how long the therapy takes
- the type of assistance you need from another person and for how long
- any help you feel you need but do not get

### Example

'I need home dialysis for 3 hours on Monday and Friday each week. My partner helps me set up the dialysis equipment and supervises me during the dialysis to make sure I stay safe.'

Sample not for use

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## Q6 Washing and bathing

This means:

- washing your body, limbs, face, underarms and hair
- using a normal bath or shower
- getting in and out of a normal bath or shower

Do consider if you can wash or bathe safely and without being supervised. And consider how much time it takes you and whether you do it too often or not often enough.

**Q6a Does your condition affect you washing and bathing?** (Put a cross in one box below)

☐

No **Now go to Q7**

☒

Yes **Continue with Q6**

**Q6b Tell us about the difficulties you have with washing and bathing and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty – tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

### Examples

‘For about 3 months of the year, I cannot motivate myself to bathe because I feel too depressed. My parents prompt me for several minutes every day to go and shower when I cannot motivate myself.’

‘About 5 days a week, I have difficulty washing my lower body because my back is too stiff and painful. I use a shower seat so that I can rest my back when I shower.’



## Q6 Washing and bathing continued

My wife assists me to get in and out of the bath due to my back pain. I have no motivation to wash most

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## Q7 Using the toilet and managing incontinence

Using the toilet means:

- being able to get on or off a normal toilet
- cleaning yourself after using the toilet

Managing incontinence means:

- managing the emptying of your bowel and bladder when you have difficulty controlling this, including if you need a collecting device such as a catheter or stoma bag
- cleaning yourself after doing so

This does not mean physically getting to the bathroom.

**Q7a Does your condition affect you using the toilet or managing incontinence?** (Put a cross in one box below)

☒

No **Now go to Q8**

☐

Yes **Continue with Q7**

**Q7b Tell us about the difficulties you have using the toilet and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty – tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

### Examples

‘I always have difficulty cleaning myself after a bowel movement because I cannot safely reach behind myself while using the toilet. My care worker assists me in cleaning myself following a bowel movement.’

‘I suffer from bladder incontinence and buy my own pads to avoid embarrassment.’

## Q7 Using the toilet and managing incontinence continued

Sample /  
not for use

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## Q8 Dressing and undressing

This means:

- putting on and taking off clothing, including shoes and socks
- needing help to fasten or undo zips or buttons
- knowing when to put on or take off clothes

Do consider if it takes you too long to dress or undress.

**Q8a Does your condition affect you dressing or undressing?** (Put a cross in one box below)

☐

No **Now go to Q9**

☒

Yes **Continue with Q8**

**Q8b Tell us about the difficulties you have with dressing and undressing and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty – tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

### Examples

‘About 3 times a week, I have trouble dressing my upper body because my hands shake too much to do up the buttons on my shirt. I use a button hook to do the buttons on my shirt.’

‘Most days my partner has to remind me to get dressed during the day.’

## Q8 Dressing and undressing continued

My back hurts when I try to put on and off socks and shoes. I have help from my wife with this. I have no motivation to get dressed most days as I stay at home generally.

Sample /  
not for use

## Q9 Talking, listening and understanding

This means doing the following in your own language:

- communicating by speaking clearly to people
- being understood by others
- listening and understanding what people say

**Q9a Does your condition affect you talking, listening and understanding?** (Put a cross in one box below)

☐

No **Now go to Q10**

☒

Yes **Continue with Q9**

**Q9b Tell us about the difficulties you have with talking, listening and understanding and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty – tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

### Examples

‘I always have difficulties listening because I am hard of hearing. I use 2 hearing aids to help me hear what other people are saying.’

‘I have difficulty speaking and expressing myself due to having a stroke several years ago. I use a communication board to help me communicate with others.’

## Q9 Talking, listening and understanding continued

I don't like talking to

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## Q10 Reading

This means doing the following in your own language:

- reading written words and numbers both indoors and outdoors
- reading signs and symbols (for example, a green exit sign on a door)

For this question, you must be able to see the information. Using braille to read is not counted as reading and you should give more detail about how your condition affects your ability to read.

**Q10a Does your condition affect your ability to read?** (Put a cross in one box below)

☐

No **Now go to Q11**

☒

Yes **Continue with Q10**

**Q10b Tell us about the difficulties you have with reading words or symbols and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty – tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids or adaptations you use, or help you get from another person
- any help you feel you need but do not get

### Examples

‘I am never able to read one sentence after another because I confuse the order of the letters and words. I use a portable scanner to help me understand written words more quickly.’

‘I have dyslexia and need to use a yellow filter to help me to read.’

‘Most days, I am unable to read at all because I experience double vision and am unable to focus. My partner reads for me when I am unable to do it myself.’



### Q10 Reading continued

I don't read - my wife manages all

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## Q11 Mixing with other people

This means:

- meeting people face-to-face
- understanding how they are behaving towards you including body language
- behaving appropriately towards them
- being able to make new relationships with other people

This means doing these things with both people you know well and people you do not know.

**Q11a Does your condition affect you mixing with other people?** (Put a cross in one box below)

☐

No **Now go to Q12**

☒

Yes **Continue with Q11**

**Q11b Tell us about the difficulties you have with mixing with other people and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty – tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any help you get from another person
- any help you feel you need but do not get
- whether severe anxiety or distress stops you from doing this
- about any risk of harm to you and others

### Example

‘I am always unable to meet new people by myself because I become very distressed. My carer supports me when I interact with new people so I do not become distressed.’

### Q11 Mixing with other people continued

I don't like to be around other people due to my anxiety. My wife will speak to others if we have to when

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## Q12 Managing money

This means:

- understanding how much things cost
- understanding how much change you should get
- managing your own budgets, paying your own bills and planning your own future purchases

This does not mean taking a bill to the post box or being able to hold your change.

This also does not mean being able to read a bill or physically open a letter.

**Q12a Does your condition affect you managing your money?** (Put a cross in one box below)

☐

No **Now go to Q13**

☒

Yes **Continue with Q12**

**Q12b Tell us about the difficulties you have with managing your money and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty – tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any help you get from another person
- any help you feel you need but do not get

### Examples

‘Most days I have difficulty making decisions about bills and household budgets because I become very anxious and panicked. My partner helps me make financial decisions.’

‘I always have difficulty paying for things in shops because I find it difficult to calculate how much things cost. My carer helps me understand how much I need to pay.’

## Q12 Managing money continued

I can't be bothered to open letters and pay bills. My wife manages all budgeting and finances

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## Mobility activities

### Q13 Planning and following a journey

This means doing the following:

- leaving your home to go out
- following a route you know well
- working out a new route and following it, for example, if you find a road is closed on a route you know well and need to plan and follow a different route

This question is not about if you can physically move around.

**Q13a Does your condition affect you planning and following journeys?** (Put a cross in one box below)

☐ No **Now go to Q14**

☒ Yes **Continue with Q13**

**Q13b Tell us more about the difficulties you have with planning and following journeys and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty – tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids you have, such as an assistance dog or long cane
- any help you get from another person
- if severe anxiety or distress stops you from leaving the home, following or completing a journey
- any help you feel you need but do not get

#### Examples

‘About 3 times a week I am unable to go by myself to shop for food at my local shop because I am too anxious to leave the house. My carer does my shopping for me when this happens.’

‘I am never able to follow a new or familiar journey safely by myself because I am unable to see. My guide dog helps me stay safe when following journeys.’

‘I am never able to plan new journeys as I find it too difficult to understand maps. My carer plans new journeys for me and tells me how to follow them.’

### Q13 Planning and following a journey continued

I don't go anywhere on my

## Q14 Moving around

This means how well you can walk without any specialist equipment or support from another person.

**Q14a Does your condition affect you moving around?** (Put a cross in one box below)

- ☐ No **Now go to Q15**
- ☒ Yes **Continue with Q14**

**Q14b How far can you walk using any aids or appliances you need?** (Put a cross in one box below)

To give you an idea of distance, 50 metres is about 5 buses parked end to end.

Walking aids and appliances include walking sticks, walking frames, crutches, artificial limbs.

A wheelchair or mobility scooter does not count as an aid or appliance for this question.

If you use a wheelchair or mobility scooter, please answer this question by telling us how well you can stand and move without using it.

- ☐ I cannot stand and move even using my aids or appliances
- ☐ Less than 20 metres
- ☐ Between 20 and up to 50 metres
- ☐ Between 50 and up to 200 metres
- ☐ More than 200 metres
- ☒ It varies – please tell us why

I don't walk anywhere - my wife drives me whenever we go somewhere



**Q14c Tell us more about the difficulties you have with moving around and how you manage them.**

- how often you have this difficulty – tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any aids, appliances or devices you use to get around including wheelchairs or mobility scooters
- any help you get from another person
- any help you feel you need but do not get

'I can only walk down one aisle of my local supermarket leaning on the trolley for support.'

'I am never able to walk more than 20 metres as quickly as most people do, because I can only walk very slowly without being at risk of falling. My carer physically supports me when we walk outside to make sure I do not fall.'

Sample not for use

**Is there anything else you would like to tell us about?**

Carers, friends or family who want to give us additional information can also do so here.

You do not have to complete this part if you have covered everything in the form.

If you are using this space to give us more detail on earlier questions, tell us which questions you are answering.

Sample not for use

**Q15 Additional information** continued

Sample / se

If you need more space, you can use separate pieces of paper. Remember to send them to us with this form.

If you do this, write your name and reference number at the top of each extra page. You can find your reference number at the top of the cover letter (the reference number is usually the same as your National Insurance number). Tell us which questions your comments refer to.

## Section 4 – What happens next

Please send this form to us in the envelope provided. On the back of the form you will see the address to return it to. Place the form in the envelope provided so that the address shows through the window. It does not need a stamp.

Remember to include your supporting evidence.

You do not need to contact us. We may call you if we have got any questions about this form. The number may show as withheld, unrecognised or may start **0800**.

**Please confirm your preferred contact number**

0909090990

**Tell us any times of the day we cannot call**


When we receive your form, we may invite you to attend an assessment with a health professional. This will give you the chance to tell us more about how your health condition or disability affects your daily life.

**If we invite you to an assessment, you must attend. If you do not attend and you do not have good reason, your PIP claim will end. If you currently get Disability Living Allowance (DLA) this will stop.**

However, if you have given us enough information, an assessment may not be needed.

**Attending an assessment with a health professional**

If you are invited to an assessment appointment with a health professional:

- you may be able to have someone with you
- tell us if you need an interpreter, for example British Sign Language
- you will need to have 2 forms of identity with you, like your passport or UK utility bill
- the health professional will talk to you about how your health condition or disability affects your daily life, it is not a physical examination
- the assessment will take about an hour

Tell us on this form about any help you (or someone who may accompany you) would need if you have to go for a face-to-face assessment. This will help us meet your needs. For example, tell us if you or they:

- cannot get up and down stairs
- have difficulty travelling or using public transport
- have communication needs, what support you or they will need
- need accessible toilets

Please be specific about the needs you or they have.


**If you do not attend your assessment and you do not have good reason, your PIP claim will end. If you currently get DLA this will stop.**

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## How DWP collects and uses information

When we collect information about you we may use it for any of our purposes. These include:

- social security benefits and allowances
- child maintenance
- employment and training
- investigating and prosecuting tax credits offences
- private pensions policy and
- retirement planning

We may get information about you from other parties for any of our purposes as the law allows to check the information you provide and improve our services. We may give information about you to other organisations as the law allows, for example to protect against crime.

To find out more about our purposes, how we use personal information for those purposes and your information rights, including how to request a copy of your information, please visit:

**[www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter)**

### Final checklist

**Please check you have answered all the questions on this form and tick the box.**

**Step 1** ☐ Signed your **Declaration**

**Step 2** ☐ Read and understood all the notes

**Step 3** ☐ Answered all the questions

**Step 4** ☐ Remembered to tear off the letter and notes on the front of the form and keep them safe

**Step 5** ☐ Included photocopies of supporting evidence with this form

**Step 6** ☐ If you want to, make a copy of your completed form and supporting evidence for you to keep

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Freepost RTEU-HBEC-RGTG  
Personal Independence Payment 1  
Mail Handling Site A  
Wolverhampton  
WV98 1AA

**Please return the completed form to this address.**

Put the completed form in the envelope provided, making sure the address shows through the envelope window. The envelope does not need a stamp unless you live outside the United Kingdom.

If you have access to the internet, you can get information about Personal Independence Payment by going to the Personal Independence Payment website: **[www.gov.uk/pip](https://www.gov.uk/pip)**