

NHS Injury Benefits Scheme - Application for Permanent Injury Benefit (AW13)

This application form is for applications where the claimed injury occurred, or disease was contracted, on or before 30 March 2013 and where the last day of service or permanent change in employment occurs on or before 30 March 2018.

Temporary Injury Allowance (TIA) ref: **IB**

Important: Please complete this form in CAPITAL LETTERS and in BLACK INK

| | |
|------------------|--|
| Section A | To be completed by the Employing Authority (EA) |
| Section B | To be completed by the Applicant |

Guidance to all contributors of this application
 Before completing this form please read carefully the separate guidance provided for each contributor to this application.

Section A - To be completed by the EA.

Part 1 - Complete for all applications

| | |
|--|--|
| Title (e.g. Mr, Mrs, Miss, Dr) <input type="text"/> | National Insurance number <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"/> |
| Surname <input type="text"/> | Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Former surname (If applicable) <input type="text"/> | EA payroll reference <input type="text"/> |
| Other names <input type="text"/> | |

Is the applicant pensionable? Yes What is the membership number? /

If the applicant is in the NHS Pension Scheme has an application for a NHS pension on ill health grounds been accepted? Yes
 No
 Awaiting decision

Please tell us what the applicant states happened as the result of a claimed injury or disease. If the applicant did not leave on ill health grounds please also let us know the reason for cessation of employment. Please note that by completing this you are not suggesting that you agree the termination or move to lower paid employment was due to a work related injury or disease.

| | |
|---|--|
| <input type="checkbox"/> Employment ended on | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Lower paid employment began on | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> The employee died on | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> |

Part 2 Complete this part if employment ended or if there has been a change to lower paid employment

1. What was the applicant's job?

2. Where did they work?

3. Was this employment part time?

No

Yes

give the hours worked per week

standard whole time hours for job

Tick here if hours varied

4. Give details of all known periods of employment with your authority and elsewhere in the NHS.
Continue on space provided if you do not have enough room here.

| Employer | From | To |
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6. Pay details

- (a) Annual rate of pay on last day of employment if lower paid employment has started use pay on last day of original employment.

If the applicant was, or would have been, subject to the provisions of the 2008 or 2015 NHS Pension Scheme Regulations then please contact the NHS Injury Benefits Team for advice.

- (b) Total pensionable pay (TPP) for the last three years

| | | | |
|------------------------|--|----|--|
| £ <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | to | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| £ <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | to | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| £ <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | to | <input type="text"/> / <input type="text"/> / <input type="text"/> |

- (c) Notional whole time equivalent (part-timers only)

If employment has ended and the applicant was on unpaid sick leave at the end of their NHS employment please show below details of any paid leave or paid notice granted after the unpaid sick leave.

Paid leave from / / to / /

Paid notice from / / to / /

Payment in lieu of notice from / / to / /

TPP is 365 paid days to **include** paid NHS employment, paid sick leave (including SSP), annual leave and paid notice, but **excludes** unpaid sick leave, Temporary Injury Allowance (TIA), strike days and payment in lieu of notice.

Is London weighting included in the above figures?

No Go to next question

Yes Please indicate if it is 'Inner' or 'Outer' London weighting Inner Outer

7. Has the applicant been in receipt of TIA? No Yes

8. Complete this part only if the applicant has changed to lower paid employment

- a. What is the applicant's job **after** the change to lower paid employment?

- b. Where do they work? (eg. name of hospital, unit etc)

c. Rate of pay in new job. a year.

d. Rate of pay before the change. a year.

e. Is the pay protected? No Yes for how long?

f. Is this employment part time? No Yes how many hours worked per week

Tick here if hours vary

Part 3 Complete this part only if the applicant has died, or it is claimed that they died, as a result of an injury or disease.

1. Applicant's date of death / /

2. Did the deceased leave a spouse / civil partner? No go to item 6.

Yes give details below:

3. Spouse / civil partner's first names.

4. Date of birth. / /

5. Date of marriage / civil partnership / /

6. Did the deceased leave any financially dependent relatives?

No Yes please complete the box below

| Name | Relationship to the deceased | Date of birth | | | | | | | |
|------|------------------------------|---------------|---|--|---|--|--|--|--|
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Part 4

(a) **Death cases only:**

Y = Yes N = No

Is the applicants date of death at Part 3.1 verified by sight of the death certificate?

Have details of the marriage / civil partnership at Part 3.5 been verified by sight of the marriage / civil partnership certificate?

Have details of the spouse / civil partner's name, date of birth at Part 3.3 & 3.4 been verified by sight of the birth certificate?

Have details of any dependent relatives, including children, given at Part 3.6 been verified by sight of the birth certificates?

(b) **All cases:** You must submit the following documentation. If you are unable to do so then you must contact NHS Injury Benefits and confirm why.

Please tick

- Accident reports / BI 76
- Reports by occupational health doctors
- Job description
- Copies of any internal investigation reports connected with this claim
- Employer statement

Declaration: I certify that the details given in Section A Parts 1-4 are correct to the best of my knowledge and belief.

Signature

Please print name

Status

Date / /

Telephone number

Email address

EA Official Stamp

EA Code

Section B - To be completed by the applicant

Part 5

1. Please confirm that you have checked the information in Section A and any enclosures provided by your employer Yes No

Is there anything that you disagree with? Yes No

If 'Yes' please tell us on space provided what you disagree with and why. Do not amend Section A.

2. Do you have any educational, professional or technical qualifications? Yes No

If 'Yes' please give full details. Continue on space provided if you do not have enough room here.

| Subject | Qualification GCSE / GCE / Diploma / Degree etc. | Grade |
|---------|---|-------|
| | | |
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3. Are you working at present? Yes No

If you have answered 'Yes':

What job are you doing?

What are your duties?

What are your gross earnings (before tax, national insurance, etc)? £ a year

How many hours a week do you work?

About your injury or illness

4. Please tell us what injury or disease, that has arisen out of your NHS work, you are claiming for. Include any diagnosis or description of your condition that you can. Please continue on space provided if you need more space.

5. If you are claiming for a specific accident/incident please confirm the date(s). Or If there are a number of events leading up to the claimed injury/disease please confirm the period of events.

6. Please tell us the names and hospital addresses of the Occupational Health doctor and any other doctors, specialists or consultants you have consulted because of the injury/disease, you are claiming for. If you know their telephone and / or fax details, please include them.

1. Occupational Health Doctor

2. Other doctor, specialist or consultant

Please tell us your GP's full name and address in the box below. If you have their telephone or fax details, please include them.

7. Please attach any medical reports or information that you think will help your application, and list here **all** the supporting documents you are sending us.

8. Declaration. Please read and sign below

I declare that to the best of my knowledge and belief the information I have given on this form is correct and complete.

Signature

Print name

Date

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Finally, please read and sign the statement of consent on page 11.

We need your consent to access information about your claim

To be completed by the applicant.

Please read the following guidance about release of medical information before completing this section, then sign and date the declaration and consent on the next page. Failure to provide information will result in your application being delayed or rejected.

The NHS Business Services Authority (NHSBSA) may need additional reports from *your doctor, so that it can consider your application for Permanent Injury Benefits (PIB). (*This means any doctor who has treated you, or cared for you, or who has been involved in diagnosing your condition, and includes an Occupational Health Doctor). We may also need you to be examined by an independent doctor.

Access to Medical Reports Act 1988

Medical reports your doctor prepares for the NHSBSA are subject to the 'Access to Medical Reports Act 1988'. Under that Act you can either:

- allow your doctor to send it straight to us without you seeing it first, or
- ask to see the report **before** they send it to us, or
- you can instruct the doctor **not** to send the report to us at all.

Reports written by a doctor who has not been involved in your treatment, care or diagnosis or medical records that already exist, are **NOT** subject to the Access to Medical Reports Act 1988.

If you decide that a report can come straight to us without you seeing it first, you can still ask to see it at any time up to 6 months after we receive it.

The 'Consent' you sign at the end of this section will tell your doctor whether you wish to see any report they prepare before they send it to the NHSBSA. If you decide you want to see the report **before** your doctor sends it, you have 21 days from when we ask for the report to let your doctor know that you wish to see it. You can view the report for free, but your doctor is entitled to charge you a reasonable fee if you want a copy for yourself. Your doctor can withhold all or part of the report from you. But, if they do so for professional medical reasons, they must tell you that they are doing so.

If you think that the report your doctor has prepared is misleading or incorrect in any way, you can ask them **in writing** to amend it. Your doctor can refuse to amend the report, but if they do they will invite you to send a letter with your comments that they can attach to the report, before they send it to the us.

Release of medical information and examination by an independent doctor

In order to clarify or confirm certain aspects of your medical condition the NHSBSA and its medical advisers may sometimes need to ask for other medical, or relevant information (e.g. from your GP, Specialist that is from any treating or assessing healthcare professional, DWP and your employer). We may also need you to be examined by an independent doctor. So that they understand what benefit you are claiming for we might need to pass any or all of the reports and medical or relevant information to them. We will also need to pass all the information we gather to our Medical Advisers.

If you do not agree to the release all reports or any other information about your medical condition, we may be unable to consider your application for benefits.

Your consent under the Access to Medical Reports Act 1988

I declare that I have read and understood the guidance about the Access to Medical Reports Act 1988.

Please tick one of the following choices.

- I do not want** to see any report from my doctor(s) **before** it is sent to the NHSBSA.
- I want** to see any report from my doctor(s) **before** it is sent to the NHSBSA.

Your consent for release of information

Please tick one of the following choices.

- "I agree** that for the purpose of considering my application, the NHSBSA and its medical advisers can obtain information from my employer, treating or assessing healthcare professionals and DWP who has been involved in my care that is relevant to this claim. The documents which were used for the assessment of my ill health retirement application and TIA application which are held by the NHSBSA, will be considered and all such information will be made available to the NHSBSA administrators, their medical advisers, and where necessary, an independent examining doctor."
- "I do not agree** that for the purpose of considering my application, the NHSBSA and its medical advisers can obtain information from my employer, treating or assessing healthcare professionals and DWP who has been involved in my care that is relevant to this claim. The documents which were used for the assessment of my ill health retirement application and TIA application which are held by the NHSBSA, will be considered and all such information will be made available to the NHSBSA administrators, their medical advisers, and where necessary, an independent examining doctor."

Please tick one of the following choices:

- I want to** receive a copy of the medical report from the NHSBSA Medical Services Provider before it is sent to them. Please note that this may result in your application taking longer.
- I do not want** to receive a copy of the medical report from the NHSBSA Medical Services Provider before it is sent to them.

Please tick one of the following choices.

- I agree** to attend any medical examinations by an independent doctor if necessary.
- I do not agree** to attend any medical examinations by an independent doctor.

Your signature

Print name

Date

 / /

Home address

Telephone number

Please check the form and make sure you have enclosed everything you want to send us.

Send this form and all relevant papers to:


**NHS Business Services Authority,
NHS Injury Benefits Scheme
PO Box 683
Unit 5
Newcastle Upon Tyne
NE5 9EE**

Injury Benefits – Privacy Notice

How we use your information

The NHS Business Services Authority – NHS Injury Benefits will use the information provided for considering your application and processing any authorised benefits to you or your dependants. We may share your information to enable us to prevent and detect fraud and mistakes, for debt collection purposes, or as required by law. For more information about who we share your information with and how long we keep your personal data, please visit our website at www.nhsbsa.nhs.uk/yourinformation

Continue here with any extra information



Extra information (Cont'd)