

Claim for help with health costs

**Do you find it difficult to pay for health costs?
You may be entitled to help through the NHS Low Income Scheme**

Use this form if you need help with paying for:

- NHS prescriptions;
- NHS dental treatment;
- NHS wigs and fabric supports;
- sight tests, glasses and contact lenses; or
- travel to receive NHS treatment if referred by a doctor (GP or hospital doctor), optician or dentist.

You might not have to pay or you could be entitled to some help towards the cost.

You can claim at any time. Do not wait until you need treatment.

You can claim for:

- yourself;
- your partner; or
- your children.

If you need help or have any questions about filling in this form, you can phone our customer enquiry line on **0300 330 1343**. If English is not your first language, phone this number and we will provide an interpretation service over the phone.

You do not need to fill in this form if you or your partner are:

- getting Income Support;
- getting Pension Credit Guarantee Credit;
- getting Universal Credit and you had no earnings or net earnings of £435 or less during the most recent assessment period (£935 if you had a child element or had limited capability for work);
- getting income-based Jobseeker's Allowance;
- getting income-related Employment and Support Allowance;
- named on, or entitled to, an NHS Tax Credit Exemption Certificate;
- or if you are under age 20 and someone is getting one of the benefits listed above which includes you as a dependent.

You are already entitled to full help with health costs. However, if you paid any health costs **before** you started getting any of these benefits or **before** you became entitled to your NHS Tax Credit Exemption Certificate, read **page C** of this form to find out if you can claim your money back.

You cannot get help with health costs if you or your partner (or both) have more than:

- £16,000 in savings, investments or property (not counting the place where you live); or
- £23,250 in savings, investments or property if you live permanently in a care home.

Important note. If you are living in a care home or are aged 16 or 17 and have just left local-authority care, you may be able to use the shorter form, HC1(SC). Phone our customer enquiry line on **0300 330 1343** and we will tell you what to do.

Please read the notes on this page and page B before filling in this form - they will help you to claim correctly. Then pull off **pages A, B and C** and keep them for information.

How to make your claim

From the information you give us in this claim form, we will work out how much help you can get through the NHS Low Income Scheme.

Work carefully through this form. In most of the form we ask you to tick a No or Yes box and give any details needed. The notes in the form will tell you what to do next. If you need more space for any of your answers, use **part 9** of this form.

What we need to know about. We need to know about you and, if you are a member of a couple about your partner and any income and savings that you both have.

What we mean by partner. We use the term 'partner' to mean a person you live with as part of a couple of the same or opposite sex, whether or not you are married or have a civil partnership.

If we ask for evidence. If you are working, in full-time education or a trainee, you will be asked to provide evidence of your income. We accept photocopies as evidence. It will delay your claim if you do not send us the evidence we ask for. If you are not sure what evidence to send (or don't have it), phone our customer enquiry line for advice on **0300 330 1343, Monday to Friday between 8 am and 6 pm or Saturday between 9 am and 3 pm.**

If you are claiming money back. **Page C** of this form tells you how to claim money back. Use **part 9** of this form to tell us if your circumstances changed between the date you paid and the date you signed this form.

If you have claimed before. You still need to fill in this form with your current details as we need to know your circumstances at the date of this claim. Even small changes to rent, mortgage or Council Tax payments or the yearly increase in benefits or earnings can affect the amount of help you are entitled to.

When you have filled in this form. Send it to: Low Income Scheme, NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN. A stamp is needed. Postage costs may differ depending on the size of the envelope you use.

If you are filling in this form for someone else

If you are filling in this form for someone else, they are responsible for making sure the information is correct. They should tell you what to write for them and they should sign or make their mark in **box 10a**. If you are filling in this form for someone with learning difficulties or a condition that prevents them from managing their own affairs, you are responsible for making sure the information is correct. You should sign the form yourself in **box 10b**. If you are not sure if you can sign the form for someone else, phone our customer enquiry line for advice on **0300 330 1343, Monday to Friday between 8 am and 6 pm or Saturday between 9 am and 3 pm.**

What you can expect from us

Your claim will be assessed by the NHS Business Services Authority at **Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne, NE1 6SN.**

We will normally deal with your claim within 18 working days from the date we get your form. If we need more information, we will normally work out what help you can get within five working days of receiving that information.

If you are entitled to help, we will send you a certificate telling you how much, if anything, you have to pay towards your health costs. You should get your certificate within four weeks of the date you make your claim.

If you need a new certificate, please fill in and send us a new HC1 form.

If you have any questions about your claim, or have not heard from us after four weeks, you can phone our customer enquiry line on **0300 330 1343, Monday to Friday between 8 am and 6 pm or Saturday between 9 am and 3 pm.**

We respect customer confidentiality at all times. We will only give information about your claim to another person with your permission. They will need to quote your certificate reference number.

Make sure you read the notes on [page A](#) (inside front cover) as well.

How we assess your claim

From the information you give us in this claim form, we will compare your 'income' with your 'requirements' to work out how much help you can get through the NHS Low Income Scheme (see below).

Our calculation is based on your circumstances on the date we receive your claim form, and any help you are entitled to starts from this date. It is very important that you send the form to us as soon as you can.

'Income' includes the following.

- Earnings after tax, National Insurance and half of any pension contributions are taken off.
- Social security benefits and pensions.
- Work pensions or superannuation pensions.
- Student grants, loans and any assessed parental contributions (whether or not paid).

Note: We will consider a student loan to be income if you would be entitled to claim one, whether or not you choose to take it up. This includes any income related and non-income related parts.

- Money from trust funds.
- War Disablement Pension or War Widow's Pension.
- Any other income you or your partner get regularly.

'Requirements' include the following.

- Personal allowances for you and your partner. These are at rates approved by Parliament for daily living expenses, which include things like water rates, fuel bills, phone bills, TV rental and house insurance.
- Premiums for special needs because, for example, you or your partner are disabled, or get a component with your Employment and Support Allowance.
- Housing costs that you and your partner are responsible for. These include mortgage repayments and rent not covered by Housing Benefit or local housing allowance. Housing costs do not include money you pay to another member of your family.
- Council Tax that you or your partner are responsible for.

Note: The rates of personal allowances and premiums usually increase once a year, typically in April, in line with Income Support arrangements. If you want more information about this, visit our website at www.nhsbsa.nhs.uk/healthcosts

These notes are only guidelines. We will assess your claim individually.

Help and advice

- If you would like more information about help with health costs, you can download leaflet HC11 'Help with health costs' from www.nhsbsa.nhs.uk/nhs-low-income-scheme.
- If you want advice about this claim, or help filling in the form, phone our customer enquiry line on **0300 330 1343**, **Monday to Friday between 8 am and 6 pm or Saturday between 9 am and 3 pm**, or write to us at NHS Business Services Authority, Help with Health Costs, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne, NE1 6SN.
- If you would like information about free prescriptions and other NHS charges and costs, please phone our customer enquiry line on **0300 330 1343**.
- If you would like a list of current NHS charges, you can get leaflet HC12 'A quick guide to help with health costs including charges and optical voucher values' from Jobcentre Plus offices, NHS hospitals, some NHS practitioners or by visiting www.nhsbsa.nhs.uk/nhs-low-income-scheme.
- If you have any other questions, please contact an advice service like Citizens Advice.

How to claim money back that you have already paid

We must receive refund claims within three months of the date you paid, or in the case of a sight test within three months of the date of the test. If you make a claim after three months, we have to decide if there is good reason for it being late before we accept it. Please send an explanation with your claim if it is made after 3 months.

Our calculation is based on your circumstances at the time you paid. Tell us at **part 9** if your circumstances were different when you paid.

NHS prescription charges

You need to send us NHS receipt form FP57 - you get this from your pharmacist, doctor or hospital when you pay for your prescription (you cannot get one later). It tells you what to do.

Other health costs

To claim a refund for:

- NHS dental treatment;
- NHS wigs or fabric supports;
- sight tests;
- glasses or contact lenses; or
- NHS travel costs if referred by a doctor (GP or hospital doctor) dentist or optician;

you will need:

- a receipt which shows what you have paid for; and
- The appropriate refund claim form HC5 for the charge you paid, (it tells you what to do); and
- your optical prescription, if you are claiming back money you have paid for glasses or contact lenses.

If you need form HC5

You can usually get form HC5 from a Jobcentre Plus office and NHS hospitals. You can also ask for one at www.nhsbsa.nhs.uk/healthcosts or you can phone **0300 123 0849**.

Note: If you are claiming more than one type of refund (for example, dental charges and glasses), you need to fill in a separate HC5 form for each type of charge you have paid. Please ask for the version you need.

People getting Income Support, Pension Credit Guarantee Credit, Universal Credit with earnings within the allowed limits, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or named on or entitled to an NHS Tax Credit Exemption Certificate.

If you now get one of the above benefits or tax credits, but want to claim money back for something you paid for before you were getting any of these benefits (because you were on a low income) use this form to tell us about your circumstances on the date you paid. Mark the front of the form 'Refund only' and tell us in **part 9** which benefit or tax credit you get. Refund claims must be received within three months of the date paid or the date of the eye test.



Please read the notes on **pages A and B** before filling in this form.

If you need help or have any questions about filling in this form, you can phone our customer enquiry line on **0300 330 1343**.

Note: To check your entitlement, we may pass relevant information you have given on this form to other public organisations, including to the Department for Work and Pensions and local authorities.

Part 1 About you and your partner

1.1

If you are claiming a refund of health costs you have already paid, please tick which ones. Please read the notes on **page C** to see what you need to send to make your refund claim.

| | | | |
|-------------------------------------|----------------------|-------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | NHS prescriptions | <input checked="" type="checkbox"/> | Glasses or contact lenses |
| <input checked="" type="checkbox"/> | NHS dental treatment | <input checked="" type="checkbox"/> | NHS wigs or fabric supports |
| <input checked="" type="checkbox"/> | A sight test | <input checked="" type="checkbox"/> | Travel to receive NHS treatment |

1.2

Do you have a partner?
For an explanation of what we mean by 'partner', see **page A**.

No

Yes

Please answer all the questions that apply to you.

Please answer all the questions that apply to you and your partner.

Personal details - Please write in BLOCK CAPITALS.

| | | | | | |
|--|------------------|--|--|----------------------------|--|
| Date Time | Phone 2 | You | | Your partner | |
| | | Surname or family name | | Surname or family name | |
| Date Time | Phone 1 | First name | | First name | |
| | | (Mr, Mrs, Miss, Ms, other) | | (Mr, Mrs, Miss, Ms, other) | |
| Date Time | Official Use Box | Date of birth | | Date of birth | |
| | | NHS number | | NHS number | |
| Address and postcode | | Address and postcode | | | |
| E-mail address | | E-mail address | | | |
| Phone number (including dialling code) | | Phone number (including dialling code) | | | |
| Mobile number | | Mobile number | | | |

We may need to contact you about your claim. Please tell us your preferred method of communication if we do.

Children and qualifying young people are:

- children under 16 who normally live with you; and
- young people aged 16, 17, 18 or 19 who normally live with you providing they are:
 - receiving full time education; or
 - are on an approved training course which started before their 19th birthday and they are not
 - doing a course that is higher than A Level, Scottish Highers or equivalent, or
 - in education received through their employer because of their work.

For a training course to be approved it should be one of the following:

- England - Entry to Employment or Programme Led Apprenticeships
- Scotland - Get Ready for Work, Skillseekers or Modern Apprenticeships
- Wales - Foundation Modern Apprenticeships, Skillbuild or Skillbuild+

Note: Don't count young people who have permanently finished an education or training course like these. Tell us about them in **part 3**. Don't count children or young people who are boarding with you, or foster children. Tell us about them in **part 3** and use **part 5** to tell us about any money you get for looking after them.

| 2.1 | Do you have any children or qualifying young people who live with you and who you support? | No | Go to part 3 . |
|------------------------|--|---------------|-----------------------|
| | | Yes | Give details below. |
| Surname or family name | First name | Date of birth | Relationship to you |
| | | / / | |
| | | / / | |
| | | / / | |
| | | / / | |
| | | / / | |
| | | / / | |
| | | / / | |

Go to **part 3**.

Part 3 Other people living in your home

We need to know about any other people who live with you in your home. We need this information to make sure we work out your housing costs correctly.

Please tell us about:

- children and young people you have not already told us about at **part 2** ;
- relatives who live with you;
- friends who live with you; and
- boarders and lodgers - please tell us about them in question **3.3** .

Do not tell us about:

- people you have already told us about in **parts 1 and 2** ;
- co-owners;
- co-tenants, if you are a full-time student and they live in the same accommodation as you;
- landlords;
- other residents, if you live in a care home; or
- relatives or friends you live with.

| | | | |
|-----|--|-----|-----------------------------|
| 3.1 | Does anyone else live with you in your home? Tell us about them below and tick whichever boxes apply. | No | Go to question 3.3 . |
| | | Yes | Give details below. |

| | Person 1 | Person 2 | Person 3 | Person 4 |
|---|--|--|--|--|
| Surname or family name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Age | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| On youth training | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Full-time student | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets Income Support | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets Pension Credit | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets Universal Credit and does not have any earned income | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets income-based Jobseeker's Allowance | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets income-related Employment and Support Allowance and has not been placed in either the work-related activity group or the support group | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets the daily living component of Personal Independence Payment | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets the middle or higher rate care component of DLA | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets Attendance Allowance | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is severely sight impaired or is registered blind | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets Armed forces independence payment | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gets money from work | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| On average, does the person named above work for 16 hours or more a week? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

If the person named above works, please tell us how much money they have coming in each week. You don't have to tell us, but if they don't have much money coming in, you might get more help. Include their earnings before tax and National Insurance are taken off - also include any other money they have coming in. Don't include their Attendance Allowance, Disability Living Allowance, Personal Independence Payment or Armed forces independence payment if they get it.

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

If more than four people live with you, tell us about the others at **part 9** .

Part 3 Other people living in your home

| | | | | |
|------------|---|--------------------------|----------------------|---------------------|
| 3.2 | Are any of the people you have told us about in question 3.1 living together as a couple of the same or opposite sex, whether or not they are married or have a civil partnership? | No | <input type="text"/> | Give details below. |
| | | Yes | <input type="text"/> | |
| (name) | | is the partner of (name) | | |
| (name) | | is the partner of (name) | | |

| | | | | |
|---|--|-----|----------------------|---------------------|
| 3.3 | Do you or your partner have boarders, lodgers or subtenants living with you? | No | <input type="text"/> | Give details below. |
| | | Yes | <input type="text"/> | |
| Don't count people who live as part of your family. Tell us about them at question 3.1 . | | | | |

| | Person 1 | Person 2 | Person 3 |
|----------------------------|---|---|---|
| Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| How much do they pay? | £ <input type="text"/> every <input type="text"/> | £ <input type="text"/> every <input type="text"/> | £ <input type="text"/> every <input type="text"/> |
| Does it include heating? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Does it include any meals? | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> |

Go to **part 4**.

Part 4 About property, savings and other money

Savings means things like:

- money in bank, building society and post office accounts, including current accounts and savings accounts;
- Premium, Income or Capital Bonds;
- shares;
- National Savings Certificates;
- unit trusts, Personal Equity Plans (PEPs), Individual Savings Accounts (ISAs) and other investments; and
- any other money.

Note: If you have a partner (for an explanation of what we mean by 'partner' see [page A](#)) and you both have savings, we need you to tell us the combined amounts. If you do not know the value of any of your savings and investments, please check your most recent statements.

| | | | | |
|---|---|-------------------------------------|--|---------------------|
| 4.1 | Do you or your partner have savings or any other money in this country or abroad? | No | | Give details below. |
| | | Yes | | |
| Money in accounts - tell us the total amount held in accounts | | <input checked="" type="checkbox"/> | | £ |
| Premium Bonds - tell us the face value | | <input checked="" type="checkbox"/> | | £ |
| Income or Capital Bonds - tell us the face value | | <input checked="" type="checkbox"/> | | £ |
| Shares - tell us about them below | | <input checked="" type="checkbox"/> | | |
| Name of the company the shares are held in and the type of shares held | | Number of shares held | | |
| | | | | |
| | | | | |
| | | | | |
| National Savings Certificates - tell us about them below | | <input checked="" type="checkbox"/> | | |
| Please tell us exactly how much they are worth now | | | | |
| | | | | |
| | | | | |
| Unit trusts, PEPs, ISAs and other investments - tell us the current value, after any selling costs | | <input checked="" type="checkbox"/> | | £ |
| Any other money - for example, any cash you have | | <input checked="" type="checkbox"/> | | £ |

| | | | | |
|---|--|-----|--|---------------------|
| 4.2 | Do you or your partner own any property or land in this country or abroad? <i>Don't include the place where you live.</i> | No | | Give details below. |
| | | Yes | | |
| What is the address of this property or land? | | | | |
| | | | | |
| What is the value of the property or land? | | | | £ |
| How much, if anything, is still owed on the property or land? | | | | £ |

We may need to contact you if we need more information about this.

Go to **part 5**.

Part 5 About your income

We need to know about all income that you get. Tell us about your work in **part 6**. Tell us about your student income in **part 8**. Use this part to tell us about everything else.

- If you are getting **Pension Credit Guarantee Credit** you do not need to use this form – see the note on the front cover. If you are not sure what type of Pension Credit you receive, the page 'How your Pension Credit was worked out', sent with the letter that told you that you were entitled to Pension Credit, shows if you get Guarantee Credit.
- Include anything that is paid to someone else on your behalf or that you get for someone else.
- If you get pensions or benefits paid together, list them separately. Your order book or the letter about the benefits or pensions will tell you what you are getting.

If you receive Pension Credit, do not include it with any State Retirement Pension. List Pension Credit Savings Credit payments separately at question 5.1.

| | | | | | | |
|---|--|----------------|--|----------------------|-------|---------------------|
| 5.1 | Do you or your partner get any social security benefits or pensions? | No | | Yes | | Give details below. |
| <p>Tell us about the following.</p> <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> State Retirement Pension Incapacity Benefit Severe Disablement Allowance Industrial Injuries Disablement Benefit Statutory Sick Pay Contribution-based Jobseeker's Allowance Contribution-based Employment and Support Allowance Universal Credit <ul style="list-style-type: none"> Maternity Allowance Pension Credit (Savings Credit) War Disablement Pension War Widow's Pension Widow's Benefits Bereavement Allowance Widowed Parent's Allowance Carer's Allowance Any other social security benefit (see note below) </div> <p style="font-size: small; margin-top: 10px;">Note: Tell us about any Attendance Allowance, Disability Living Allowance, Personal Independence Payment and Armed forces independent payment at questions 5.3, 5.4 and 5.5. Do not tell us about, Local Housing Allowance or Council Tax Reduction.</p> | | | | | | |
| Name of benefit | | Who is it for? | | How much do you get? | | |
| | | | | £ | every | |
| | | | | £ | every | |
| | | | | £ | every | |
| | | | | £ | every | |
| | | | | £ | every | |
| | | | | £ | every | |

| | | | | | | |
|---|---|----------------|--|----------------------|-------|---------------------|
| 5.2 | Do you or your partner get any other income? Don't include work or student income here. | No | | Yes | | Give details below. |
| <p>Tell us about:</p> <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> private pensions; pensions from previous employers; money from a trust fund; maintenance payments; vouchers; <ul style="list-style-type: none"> other payments not from social security, for example, Child Tax Credits or Working Tax Credits; money from a charity or voluntary organisation; and any other income that you have not already told us about. </div> | | | | | | |
| Type of income | | Who is it for? | | How much do you get? | | |
| | | | | £ | every | |
| | | | | £ | every | |
| | | | | £ | every | |
| | | | | £ | every | |
| | | | | £ | every | |

Part 5 About your income

| You | | Your partner | |
|---|---|--|--|
| 5.3 | Do you or your partner get Attendance Allowance? | | |
| No | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| | Tick which rate below. | | Tick which rate below. |
| | High rate? <input checked="" type="checkbox"/> | | High rate? <input checked="" type="checkbox"/> |
| | Low rate? <input checked="" type="checkbox"/> | | Low rate? <input checked="" type="checkbox"/> |
| 5.4 | Do you or your partner get Disability Living Allowance? | | |
| No | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| | Tick which rate or rates below. | | Tick which rate or rates below. |
| Care component | | Mobility component | |
| High rate? <input checked="" type="checkbox"/> | | High rate? <input checked="" type="checkbox"/> | |
| Middle rate? <input checked="" type="checkbox"/> | | Low rate? <input checked="" type="checkbox"/> | |
| Low rate? <input checked="" type="checkbox"/> | | | |
| 5.5 | Do you or your partner get Personal Independence Payment or Armed forces independence payment? | | |
| No | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| | Tick which rate or rates below. | | Tick which rate or rates below. |
| Daily living component | | Mobility component | |
| Enhanced rate? <input checked="" type="checkbox"/> | | Enhanced rate? <input checked="" type="checkbox"/> | |
| Standard rate? <input checked="" type="checkbox"/> | | Standard rate? <input checked="" type="checkbox"/> | |
| Armed forces independence payment? <input checked="" type="checkbox"/> | | Armed forces independence payment? <input checked="" type="checkbox"/> | |
| 5.6 | Are you or your partner sending sick notes to your local social security office or employer at the moment? | | |
| No | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| | Give details below. | | Give details below. |
| When did you start sending them in? | | When did you start sending them in? | |
| Over a year ago? | <input checked="" type="checkbox"/> | Over a year ago? | <input checked="" type="checkbox"/> |
| Less than a year ago? | <input checked="" type="checkbox"/> | Less than a year ago? | <input checked="" type="checkbox"/> |
| Tell us the exact date. / / | | Tell us the exact date. / / | |
| 5.7 | Has your local social security office said that you are not capable of work and that you don't have to send in sick notes? | | |
| No | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| | Give details below. | | Give details below. |
| When did they tell you? / / | | When did they tell you? / / | |
| 5.8 | Are you or your partner looking after someone but cannot get Carer's Allowance because you get another benefit instead? | | |
| Carer's Allowance is paid to someone caring for a severely disabled person. It used to be called Invalid Care Allowance. It is not Attendance Allowance or Disability Living Allowance. | | | |
| No | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| 5.9 | Does someone other than you or your partner get Carer's Allowance or an award of universal credit which includes the carer element for looking after either of you? | | |
| No | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Yes | <input type="checkbox"/> | Yes | <input type="checkbox"/> |

Go to **part 6**.

In this part of the form we need to know about any money that you or your partner receive for any work you are doing now.

This includes:

- work for an employer;
- self-employed work;
- full-time or part-time work;
- permanent or casual work;
- paid voluntary or charity work;
- training schemes; and
- overtime and tips.

| | |
|------------|---------------------|
| You | Your partner |
|------------|---------------------|

| | |
|------------|------------------------------------|
| 6.1 | Do you or your partner have a job? |
|------------|------------------------------------|

| | | | | | |
|------------|-----------------------|--|------------|-----------------------|--|
| No | Go to part 7 . | | No | Go to part 7 . | |
| Yes | Give details below. | | Yes | Give details below. | |

| |
|-------------------|
| What is your job? |
|-------------------|

| | |
|--|--|
| | |
|--|--|

| |
|--|
| How many hours do you normally work each week? |
|--|

| | |
|--|--|
| | |
|--|--|

| | |
|------------|---|
| 6.2 | What type of work is it? Tick all the boxes that apply in the rest of this part and give the information we ask for. |
|------------|---|

| | | |
|-------------|----------|-------------------------------------|
| 6.2a | Employed | <input checked="" type="checkbox"/> |
|-------------|----------|-------------------------------------|

| | | |
|-------------|----------|-------------------------------------|
| 6.2a | Employed | <input checked="" type="checkbox"/> |
|-------------|----------|-------------------------------------|

Please tell us how often you are paid and provide photocopies of the payslips we ask for below as evidence of your earnings. If you cannot provide these, please phone our customer enquiry line on 0300 330 1343 and we will tell you what to do. If you are employed on a zero hours contract, you do not work every week or your earnings vary from week to week tick the first option.

| | | | |
|---|-------------------------------------|--|--------------------------|
| Zero hours contract do not work every week or earnings vary | <input checked="" type="checkbox"/> | | Send last five payslips. |
|---|-------------------------------------|--|--------------------------|

| | | | |
|---|-------------------------------------|--|--------------------------|
| Zero hours contract do not work every week or earnings vary | <input checked="" type="checkbox"/> | | Send last five payslips. |
|---|-------------------------------------|--|--------------------------|

| | | | |
|------------|-------------------------------------|--|--------------------------|
| Every week | <input checked="" type="checkbox"/> | | Send last four payslips. |
|------------|-------------------------------------|--|--------------------------|

| | | | |
|------------|-------------------------------------|--|--------------------------|
| Every week | <input checked="" type="checkbox"/> | | Send last four payslips. |
|------------|-------------------------------------|--|--------------------------|

| | | | |
|-----------------|-------------------------------------|--|--------------------------|
| Every two weeks | <input checked="" type="checkbox"/> | | Send last four payslips. |
|-----------------|-------------------------------------|--|--------------------------|

| | | | |
|-----------------|-------------------------------------|--|--------------------------|
| Every two weeks | <input checked="" type="checkbox"/> | | Send last four payslips. |
|-----------------|-------------------------------------|--|--------------------------|

| | | | |
|------------------|-------------------------------------|--|-------------------------|
| Every four weeks | <input checked="" type="checkbox"/> | | Send last two payslips. |
|------------------|-------------------------------------|--|-------------------------|

| | | | |
|------------------|-------------------------------------|--|-------------------------|
| Every four weeks | <input checked="" type="checkbox"/> | | Send last two payslips. |
|------------------|-------------------------------------|--|-------------------------|

| | | | |
|-------------|-------------------------------------|--|-------------------------|
| Every month | <input checked="" type="checkbox"/> | | Send last two payslips. |
|-------------|-------------------------------------|--|-------------------------|

| | | | |
|-------------|-------------------------------------|--|-------------------------|
| Every month | <input checked="" type="checkbox"/> | | Send last two payslips. |
|-------------|-------------------------------------|--|-------------------------|

| | | |
|-------------|---------------|-------------------------------------|
| 6.2b | Self-employed | <input checked="" type="checkbox"/> |
|-------------|---------------|-------------------------------------|

| | | |
|-------------|---------------|-------------------------------------|
| 6.2b | Self-employed | <input checked="" type="checkbox"/> |
|-------------|---------------|-------------------------------------|

Please send us a copy of your accounts for the financial year ending within the last 12 months. If you cannot provide these, please phone our customer enquiry line on 0300 330 1343 and we will tell you what to do.
Note: We cannot accept HM Revenue & Customs self-assessment forms as evidence of self-employed income.

| | |
|------------|---|
| 6.3 | Do you or your partner pay anything towards a personal pension? Do not include anything you pay into a works pension as this will be shown on your payslips. |
|------------|---|

| | | | | | |
|------------|---------------------|--|------------|---------------------|--|
| No | | | No | | |
| Yes | Give details below. | | Yes | Give details below. | |

| |
|----------------------|
| How much do you pay? |
| £ every |

| |
|----------------------|
| How much do you pay? |
| £ every |

You **Your partner**

6.4 Are you or your partner sending sick notes to your employer at the moment?
If you are sending sick notes to your local social security office, please give details at question **5.6**.

No
Yes Give details below.

No
Yes Give details below.

When did you start sending them in?
 / /

When did you start sending them in?
 / /

Please send us a photocopy of your most recent payslip and say what period it covers (for example, every week or month). If you cannot provide this, please phone our customer enquiry line on 0300 330 1343 and we will tell you what to do.

Period payslip covers

Period payslip covers

6.5 Are you or your partner on a training scheme?

No
Yes Give details below.

No
Yes Give details below.

Name of scheme

Name of scheme

6.5a Are you paid as a trainee or as an employee?

Trainee Give details below.

Trainee Give details below.

Please provide a letter from your training provider showing your allowance.

Employee Go to question **6.2a** and send the payslips we ask for.

Employee Go to question **6.2a** and send the payslips we ask for.

In this part we need to know about your share and your partner's share of anything you pay for the place where you live.

Please tell us about money you pay:

- to a private landlord or landlady;
- to a local council;
- to a housing association;
- for a room in a bed and breakfast, hostel or hotel;
- for ground rent;
- for a mortgage;
- for Council Tax; and
- for service charges.

| | | | | |
|---------------------------------------|--------------------------------------|--|--------------------------|---------------------|
| 7.1 | Are you or your partner in hospital? | No | <input type="checkbox"/> | Give details below. |
| | | Yes | <input type="checkbox"/> | |
| Name of the person who is in hospital | | <input type="text"/> | | |
| Date they went into hospital | | <input type="text"/> / <input type="text"/> / <input type="text"/> | | |

| | | | | |
|------------|---|-----|--------------------------|-----------------------------|
| 7.2 | Do you or your partner live with parents, relatives or friends in their home? Tick Yes if you are in hospital but normally live with parents, relatives or friends. | No | <input type="checkbox"/> | Go to question 7.3 . |
| | | Yes | <input type="checkbox"/> | Go to part 8 . |

| | | | | |
|--|--|----------------------|--------------------------|---------------------|
| 7.3 | Are you or your partner a joint owner or tenant of the place where you live? | No | <input type="checkbox"/> | Give details below. |
| | | Yes | <input type="checkbox"/> | |
| Who with? | | <input type="text"/> | | |
| What is their relationship to you or your partner? | | <input type="text"/> | | |

| | | | | |
|------------|---|-----|--------------------------|-----------------------------|
| 7.4 | Do you or your partner pay rent for the place where you live? | No | <input type="checkbox"/> | Go to question 7.5 . |
| | | Yes | <input type="checkbox"/> | Give details below. |

If you pay money to parents, relatives or friends, tick **No** and go to **part 8**. We do not need to know about any money that you pay to them.
If you are a **student** and pay rent for the place where you live, tick **No**. We ask you to tell us about the rent you pay at **part 8**.

| | | |
|---|----------------------|----------------------|
| <p>How much do you pay? Take off housing benefit and local housing allowance if you get it. Do not take off the housing element of universal credit if you get it. Don't include water rates, Council Tax or arrears. If you are waiting to hear about a claim for local housing allowance or housing benefit, tell us what you currently pay. Take off amounts for heating, lighting, cooking or hot water if they are included in your rent and you know the amounts. If heating, lighting, cooking and hot water are included in your rent and you do not know the amounts, please tick the relevant boxes below.</p> | £ | <input type="text"/> |
| | every | <input type="text"/> |
| | <input type="text"/> | |

| | | | |
|--|-----------|-------------------------------------|----------------------|
| <p>Does your rent include any of these things? Tick the relevant boxes. If it does not, or if you have already taken amounts for these things off your rent, leave the boxes blank.</p> | Heating | <input checked="" type="checkbox"/> | <input type="text"/> |
| | Lighting | <input checked="" type="checkbox"/> | <input type="text"/> |
| | Cooking | <input checked="" type="checkbox"/> | <input type="text"/> |
| | Hot water | <input checked="" type="checkbox"/> | <input type="text"/> |

| | | |
|--|-----|--------------------------|
| Do you have just one room? Don't count rooms you share with people who are not part of your family. | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |

| | | |
|-----------------------------------|-----|--------------------------|
| Does your rent include any meals? | No | <input type="checkbox"/> |
| | Yes | <input type="checkbox"/> |

| | |
|---|----------------------|
| How many breakfasts each week for each person? | <input type="text"/> |
| How many midday meals each week for each person? | <input type="text"/> |
| How many evening meals each week for each person? | <input type="text"/> |

| | | | | |
|---|--|-----|--------------------------|-----------------------------|
| 7.5 | Do you or your partner have to pay Council Tax? Don't include Council Tax for property you have told us about in part 4 . | No | <input type="checkbox"/> | Give details below. |
| | | Yes | <input type="checkbox"/> | |
| How much do you have to pay for this year? Tell us the amount you actually have to pay. Don't include arrears, and in Scotland don't include water or sewerage rates. | | | £ | <input type="text"/> |
| 7.6 | Do you or your partner own your own home? If you have a mortgage or secured loan, still tick Yes . Also tick Yes if you partly rent and partly own your home. | No | <input type="checkbox"/> | Go to question 7.8 . |
| | | Yes | <input type="checkbox"/> | Go to question 7.7 . |
| 7.7 | Do you or your partner have a mortgage or loan secured on your home? | No | <input type="checkbox"/> | Give details below. |
| | | Yes | <input type="checkbox"/> | |
| How much do you have to pay for the mortgage or loan? Include any endowment premiums linked to the mortgage. Don't include premiums for any other type of insurance. Don't include arrears or any amount that you voluntarily overpay. | | | £ | <input type="text"/> |
| | | | Every | <input type="text"/> |
| 7.8 | Do you or your partner pay ground rent? In Scotland, this is called feu duty. | No | <input type="checkbox"/> | Give details below. |
| | | Yes | <input type="checkbox"/> | |
| How much ground rent do you pay? Don't include arrears. | | | £ | <input type="text"/> |
| | | | Every | <input type="text"/> |
| 7.9 | Do you or your partner have to pay any service charges for the place where you live? Service charges are charges you have to pay to live in your home for things like cleaning and maintaining shared areas, such as hallways and stairs. | No | <input type="checkbox"/> | Give details below. |
| | | Yes | <input type="checkbox"/> | |
| What is it paid for? | | | <input type="text"/> | |
| | | | <input type="text"/> | |
| How much do you pay? Don't include charges for ordinary gas, electricity, meals or cleaning your own rooms. Don't include arrears, or any other bills that you pay separately from your service charges. Take off Housing Allowance if you get it. | | | £ | <input type="text"/> |
| | | | Every | <input type="text"/> |
| 7.10 | Do you or your partner have a loan to adapt your home for the special needs of a disabled person? Tick No if the disabled person is an adult and has savings or property of more than £16,000. | No | <input type="checkbox"/> | Give details below. |
| | | Yes | <input type="checkbox"/> | |
| How much do you have to pay for the loan? Don't include arrears or any amount that you voluntarily overpay. | | | £ | <input type="text"/> |
| | | | Every | <input type="text"/> |
| Name of the disabled person | | | <input type="text"/> | |
| 7.11 | Are you or your partner living permanently in a care home? If you live in sheltered accommodation, tick No and answer question 7.4 . | No | <input type="checkbox"/> | Go to part 8 . |
| | | Yes | <input type="checkbox"/> | |
| 7.12 | Has the local authority assessed your resources, and as a result, you get help with the cost of your care home accommodation? | No | <input type="checkbox"/> | |
| | | Yes | <input type="checkbox"/> | |

Go to **part 8**.

Part 8 People in education

- We need to know about amounts of money you either receive or pay out. If you give a yearly amount, please say whether you mean 52 weeks a year or academic year.

| | |
|------------|---------------------|
| You | Your partner |
|------------|---------------------|

| | | | | | | |
|------------|---|--|--|--|--|--|
| 8.1 | Are you or your partner in education? Only tick Yes if you have actually started your course. | | | | | |
|------------|---|--|--|--|--|--|

| | | | | | | |
|------------|--|-----------------------|--|------------|--|-----------------------|
| No | | Go to part 9 . | | No | | Go to part 9 . |
| Yes | | Give details below. | | Yes | | Give details below. |

| | |
|--|--|
| Qualification, full-time or part-time details and whether post-graduate or undergraduate | |
|--|--|

| | |
|--|--|
| | |
|--|--|

| | |
|---------------------------------------|--|
| Name of school, college or university | |
|---------------------------------------|--|

| | |
|--|--|
| | |
|--|--|

| | |
|--|--|
| Exact dates of terms of the current academic year Please contact your college or university if you do not know them. We cannot accept semester dates. Terms are normally separated by Christmas and Easter holidays. It may delay your claim if you do not provide your exact term dates. If you are making this claim in the summer holiday, please give exact term dates for last academic year and next academic year. Use part 9 if you need more space. | |
|--|--|

| | | | | | | | | | | | |
|--------|--------|--------|------|------|-----|--------|--------|--------|------|------|-----|
| Term 1 | starts | / / | ends | / / | | Term 1 | starts | / / | ends | / / | |
| | Term 2 | starts | / / | ends | / / | | Term 2 | starts | / / | ends | / / |
| | Term 3 | starts | / / | ends | / / | | Term 3 | starts | / / | ends | / / |

| | |
|--|--|
| Are you in the final year or only year of your course? | |
|--|--|

| | | | | | | |
|-----------|--|---------------------------------|--|-----------|--|---------------------------------|
| No | | Date when your next year starts | | No | | Date when your next year starts |
| | | / / | | | | / / |

| | | | | | | |
|------------|--|--|--|------------|--|--|
| Yes | | | | Yes | | |
|------------|--|--|--|------------|--|--|

| | | | | | | |
|------------|--|--|--|--|--|--|
| 8.2 | Are you or your partner an overseas student? | | | | | |
|------------|--|--|--|--|--|--|

| | | | | | | |
|------------|--|--|--|------------|--|--|
| No | | | | No | | |
| Yes | | What is your normal country of residence when you are not a student? | | Yes | | What is your normal country of residence when you are not a student? |
| | | | | | | |

| | | | | | | |
|------------|---|--|--|--|--|--|
| 8.3 | Are your or your partner's tuition fees paid by Student Finance England (SFE), Student Finance Wales (SFW), the Student Awards Agency for Scotland (SAAS) or the National Health Service (NHS)? | | | | | |
|------------|---|--|--|--|--|--|

| | | | | | | | |
|------------|--|----------------|--|------------|--|----------------|--|
| No | | Who pays? | | No | | Who pays? | |
| Yes | | Tick who pays. | SFE <input checked="" type="checkbox"/> | Yes | | Tick who pays. | SFE <input checked="" type="checkbox"/> |
| | | | SAAS <input checked="" type="checkbox"/> | | | | SAAS <input checked="" type="checkbox"/> |
| | | | NHS <input checked="" type="checkbox"/> | | | | NHS <input checked="" type="checkbox"/> |
| | | | SFW <input checked="" type="checkbox"/> | | | | SFW <input checked="" type="checkbox"/> |

Part 8 People in education

| | | | | |
|------------|--|------------|---------------------|--|
| 8.4 | Have you or your partner applied to SFE, SFW, the SAAS or the NHS for financial support? | | | |
| No | | No | | |
| Yes | Give details below. | Yes | Give details below. | |

Tick each type of support you have applied for. Tick even if it was not paid.

| | | | | | |
|---------------------|-------------------------------------|--|---------------------|-------------------------------------|--|
| Tuition fee support | <input checked="" type="checkbox"/> | | Tuition fee support | <input checked="" type="checkbox"/> | |
| Loan support | <input checked="" type="checkbox"/> | | Loan support | <input checked="" type="checkbox"/> | |
| Grant support | <input checked="" type="checkbox"/> | | Grant support | <input checked="" type="checkbox"/> | |

| | |
|------------|--|
| 8.5 | What is the source of money you and your partner live on while you are in education? Tick the relevant boxes below. More than one box may apply. |
|------------|--|

Please send us the evidence we ask for. We cannot deal with your claim without it. If you are making this claim in the summer holiday, please send a copy of last year's student finance breakdown/award notice and next year's award notice (if you have received it). If you are not sure what to send us, please phone our customer enquiry line on 0300 3301343 or visit our website at www.nhsbsa.nhs.uk/healthcosts

| | You | Your partner |
|---|-------------------------------------|-------------------------------------|
| Support from Student Finance England (SFE), Student Finance Wales (SFW) or the Student Awards Agency for Scotland (SAAS) <small>This may be in the form of a loan and / or maintenance grant. Send us the Student Finance Breakdown from the awarding body for you or your partner. It must be the Student Finance Breakdown. We cannot accept the schedule of payments. If you are making this claim in the summer holiday, please send a copy of last year's award notice and next year's award notice (if you have received it).</small> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| NHS Bursary <small>Send us the award notice showing how much you or your partner get.</small> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Bursary from your higher education institution (HEI) <small>Send us the award notice showing how much you or your partner get. For example, this may be a bursary from your HEI because you are charged the maximum amount of tuition fees and your household has a low income.</small> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other scholarship, sponsorship, award or bursary <small>Send us the award notice showing how much you or your partner get.</small> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Grant or loan from overseas <small>Send us the award notice showing how much you or your partner get. If the award notice is not written in English, please translate it.</small> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

If you have money coming in from part-time or full-time work, please fill in **part 6**. It tells you what you need to send.

| | You | Your partner |
|---|--|--|
| Money from parents <small>Include money received for rent and living expenses but do not include money received to pay tuition fees. Please be exact.</small> | <input checked="" type="checkbox"/> £ Every | <input checked="" type="checkbox"/> £ Every |
| Any other money <small>Do not include money for tuition fees.</small> | <input checked="" type="checkbox"/> £ Every | <input checked="" type="checkbox"/> £ Every |
| Who pays this money to you? | | |
| Relationship to you | | |

Part 8 People in education

| | | | | |
|-----|--|-----|--|-----------------------|
| 8.6 | Do you or your partner live with parents during term-time? | No | | Go to part 9 . |
| | | Yes | | |

| | | | | |
|-----|---|-----|--|-----------------------|
| 8.7 | Do you or your partner pay rent for the place where you live, for example, money you pay for halls of residence or to a private landlord? | No | | Go to part 9 . |
| | | Yes | | Give details below. |

If you pay money to parents, relatives or friends, tick **No** and go to **part 9**.

| | | | |
|---|-------|---|---|
| Please tell us the start and end dates of the period for which you are liable to pay these housing costs. These dates may be for longer than your academic year. | Start | / | / |
| | End | / | / |

| | |
|---|--|
| How much do you pay in total for the period you have entered above? Take off amounts for heating, lighting, cooking and hot water if they are included in your rent and you know the amounts. If heating, lighting, cooking or hot water are included in your rent and you do not know the amounts, please tick the relevant boxes below. | £ |
| | E.g. If you paid £50 per week 40 times during this period, enter £2,000. If you paid £200 per month and paid it 10 times, enter £2,000. If you paid £600 per term, enter £1,800. |

| | | Term | Holidays |
|---|-----------|-------------------------------------|-------------------------------------|
| Does your rent include any of these things? Tick the relevant boxes that apply during term time and during your Christmas and Easter holidays. If it does not, or you have already taken amounts for these things off your rent, leave the boxes blank. | Heating | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Lighting | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Cooking | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Hot water | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| | | |
|--|-----|--|
| Do you have just one room? Don't count rooms you share with other people who are not part of your family. | No | |
| | Yes | |

| | | | |
|--|-----|--|---------------------|
| Does your rent include any meals? Enter the number of meals included in the relevant boxes that apply during term time and during your Christmas and Easter holidays. | No | | Give details below. |
| | Yes | | |

| | Term | Holidays |
|---|------|----------|
| How many breakfasts each week for each person? | | |
| How many midday meals each week for each person? | | |
| How many evening meals each week for each person? | | |

| | | | |
|-----|---|---|---|
| 8.8 | What date did you return (or will you return) to your student accommodation after the summer holiday? | / | / |
|-----|---|---|---|

Go to **part 9**.

Use this space to tell us anything else that you think we might need to know about you and your partner (if you have one).

For example, tell us:

- what you are living on if you have not told us about any income;
- if you have a car on the Motability scheme;
- if you pay a charity or voluntary organisation for someone to live with you and look after either of you;
- if you have money added to a student grant or loan because you are deaf;
- if you are severely sight impaired or are registered blind; or
- if you know the amount of your benefit or pension is going to increase. Tell us what you get now at **part 5** and the new amount and the date of the increase below.

And also use this space to tell us anything else you think we might need to know about.

Now complete your claim by signing the declaration at **part 10** on the next page.

When you have filled in this form.

Remember, we can deal with your claim more quickly if we get all the information we ask for. Use the tick boxes to check that you have filled in the form as fully as possible.

| | |
|--|-------------------------------------|
| I have answered all the questions that apply to me. | <input checked="" type="checkbox"/> |
| I have attached photocopies of the payslips as requested at part 6 (if this applies). | <input checked="" type="checkbox"/> |
| I have attached my student award notices requested at part 8 (if this applies). | <input checked="" type="checkbox"/> |
| I have given dates of terms as requested at part 8 (if this applies). | <input checked="" type="checkbox"/> |
| I have signed the declaration above. | <input checked="" type="checkbox"/> |

Your claim is not valid unless it is signed and dated.

Warning

False information may lead to civil or criminal action. We expect the person signing this form to take reasonable care to make sure the information given is correct. Anyone found to have wrongly claimed help with NHS health costs may be issued a penalty charge or may face prosecution.

How we collect and use information

The NHS Business Services Authority is responsible for this service. We'll use the information you give us to work out your claim for help with health costs and help plan and make improvements to NHS services, and/or direct patient care.

By law, we must process this information to be able to provide this service. We may use your information to check claims you make for help with NHS charges. If we can't confirm that you're entitled to help, you may be sent a Penalty Charge Notice, and also have to repay the prescription charge.

Your information will not be transferred outside the United Kingdom or the European Economic Area.

To prevent, detect and investigate fraud and errors, we may share your information with NHS commissioners and service providers, NHS England, the Department for Work and Pensions, HM Revenue and Customs, the NHS Counter Fraud Authority and other relevant bodies and agencies.

Your personal data will be deleted from our systems and files no later than 24 months after the date of expiry on the certificate or assessment. We keep your information to check that you have a valid exemption certificate when you claim any help with NHS costs.

The information you have provided will be managed as required by Data Protection law. You have the right to receive a copy of the information the NHSBSA hold about you, request that your information be changed if you believe it was not correct at the time you provided it and request that your information be deleted if you believe we are keeping it for longer than necessary.

Find out more about your rights and how we process information at www.nhsbsa.nhs.uk/yourinformation or contact: Data Protection Officer, NHS Business Services Authority, Stella House, Goldcrest Way, Newburn Riverside, Newcastle Upon Tyne, NE15 8NY. E-mail: nhsbsa.dataprotection@nhs.net

Please do not send your completed form to this address. Send it to the address on Page A of this form.

Please read the declaration and sign and date **box 10a** below.

You may get information about this claim from my partner as named on this form. I confirm that the information I have given on this form is correct and complete, and I understand that if it is not, appropriate action may be taken. For the purpose of checking this, I agree to you giving relevant information to the Department for Work and Pensions and other relevant bodies and agencies (see How we collect and use information).

| | | | | | |
|----------------|-----------|--|------|---|---|
| Box 10a | Signature | | Date | / | / |
|----------------|-----------|--|------|---|---|

If you are claiming on behalf of someone else

You may only make a claim on behalf of someone else for the reason given below. You are responsible for making sure the information is correct. You should read the declaration and sign and date **box 10b** below. If you are not sure whether you are able to sign, please phone our customer enquiry line on **0300 330 1343**.

I am responsible for this person's financial affairs because they have learning difficulties or a condition that prevents them from managing their own affairs.

If you are filling in the form for somebody, and this reason does not apply, they should tell you what to write for them and they should sign or make their mark in **box 10a**.

I confirm that the information I have given on this form is correct and complete, and I understand that if it is not, appropriate action may be taken. For the purpose of checking this, I agree to you giving relevant information to the Department for Work and Pensions and other relevant bodies and agencies (see How we collect and use information). This is my claim for help with health costs on behalf of the person named in **part 1**.

| | | | | | |
|----------------|-----------|--|------|---|---|
| Box 10b | Signature | | Date | / | / |
|----------------|-----------|--|------|---|---|

Your name

Your address and
postcode

Your relationship to the person in **part 1**