

NHS and Social Care Coronavirus Life Assurance (Wales) Scheme 2020

Complete this claim form if the person who has died was employed or engaged in the NHS or social care in Wales. If you are the employer of the person, please arrange for the completion of this claim form with the person's family. Please read the guidance notes which you can find at the end of the claim form, these are to help both the person's family and their employer to complete their parts of the claim form.

The person claiming the life assurance lump sum needs to complete Parts 1 to 4 and then send the claim form to the employer. The guidance notes tell you what supporting legal documents you need to give to the employer prior to any payment being made.

The employer completes Parts 5 to 7 before posting everything to us, at the NHS Business Services Authority. We will then process the claim and write to the claimant and the employer. We may need to get in touch with you if we need any additional information.

Part 1 - About the person who has died – completed by the person named in Part 2

1.1 Personal details. Please give us the following details:

Title: (e.g. Mr, Mrs, Miss, Dr)

Date of birth:

 / /

Last name:

Professional surname, if different:

First name:

Legal gender:

Male Female

National Insurance number:

1.2 Coronavirus disease circumstances. Please give us the following details:

What date did the Coronavirus (Covid-19) disease symptoms first appear?

 / /

Date of death:

 / /

Where did the death occur? (Please tick one box.)

In hospital – provide the name of the hospital:

At home

Other place – give a short explanation below:

Part 2 - About you - the claimant

Title: (e.g.Mr, Mrs, Miss, Dr)

Last name:

First name:

Contact telephone number:

Address:

Post code									

Email address:

Please tick one box.

I am:

- the only legal personal representative, acting on behalf of the estate.
- one of a number of the legal personal representatives, who is acting on behalf of all the other legal personal representatives.
- a solicitor, acting on behalf of the estate. Please include below the name of the legal personal representative named, or to be named, on the Grant of Probate or Letters of Administration.

Legal personal representative's last name:

Legal personal representative's first name:

Have you made a separate claim on behalf of the estate to, or been paid a benefit from, a comparable coronavirus life assurance scheme in England, Scotland or Northern Ireland?

- No – please continue to Part 3. Yes (Please tick one box)

- I have a claim pending, but not received a payment, with: (enter country)

You can only continue with a claim under the NHS and Social Care Coronavirus Life Assurance (Wales) Scheme 2020, if you cancel the other claim before it is paid. We may need to contact the scheme manager to verify that no payment has been made to the estate.

- Following a successful claim I have received a payment from: (enter country)

You are **not entitled** to make a claim under the NHS and Social Care Coronavirus Life Assurance (Wales) Scheme 2020.

Part 4 - Declaration – completed by the claimant

I declare that:

- I am the person, named in Part 2, who is claiming the coronavirus life assurance lump sum on behalf of the estate;
- Coronavirus disease or Covid-19 is present on the person's death certificate or was a contributory factor in their death;
- the estate has not received a benefit payment from, and does not have a claim pending with, a comparable coronavirus life assurance scheme in England, Scotland or Northern Ireland;
- the information I have given in this claim form is correct and complete to the best of my knowledge and belief;
- if I become aware of any change in the information given, or any new information relevant to the form, I will notify the NHS Business Services Authority immediately;
- I have read the guidance notes that come with this claim form;
- I have given the following original documents to the employer:
 - Death Certificate; and
 - Grant of Probate or Letters of Administration (if currently available); and
 - Annex A (for each legal personal representative), if more than one legal personal representative is listed on the Grant of Probate or Letters of Administration, and
 - Ethnicity Questionnaire.

I understand that:

- My claim can be assessed for eligibility without a Grant of Probate or Letters of Administration, and I will be notified of the outcome, but a payment can't be made until I have provided one of these documents, naming the legal personal representative, to the scheme manager.
- The scheme manager may decline to make a payment or seek recovery of any payment made under the NHS and Social Care Coronavirus Life Assurance (Wales) Scheme 2020, if I have made false representation, withheld relevant information or I am not legally entitled to claim the payment.
- The scheme manager may share the information I have provided with any relevant public body to meet the requirements of the Scheme.

Please sign here:

Date:

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Print your full name:

Official stamp (solicitors only):

How we use your information

The NHS Business Services Authority will use the information provided for administering the NHS and Social Care Coronavirus Life Assurance (Wales) Scheme 2020. We may share your information to administer, determine entitlement and pay the coronavirus life assurance lump sum, enable us to prevent and detect fraud and mistakes, assist in the ongoing research into the coronavirus, or as required by law.

For more information about who we share your information with and how long we keep your personal data and your rights, please visit our website at: www.nhsbsa.nhs.uk/yourinformation

Ethnicity Monitor Questionnaire

Please will you confirm the ethnic group that the person who has died belonged to. Your response will assist the Government in the ongoing research into the coronavirus disease.

Please tick one of the categories A to Z by ticking the box next to it.

Ethnic Categories		Please tick one box
A	White British	
B	Any other white background	
C	Mixed white and black Caribbean	
D	Mixed white and black African	
E	Mixed white and Asian	
F	Any other mixed background	
G	Asian or Asian British – Indian	
H	Asian or Asian British – Pakistani	
J	Asian or Asian British – Bangladeshi	
K	Any other Asian background	
L	Black or black British – Caribbean	
M	Black or black British – African	
N	Any other black background	
P	Chinese	
R	Any other ethnic group	
Z	Prefer not to say	

Part 5 - Employment or engagement details of the person who has died - must be completed by the responsible employer

Please see the guidance notes to see who the responsible employer is to complete Part 5.

Please give us the National Insurance number if this has not been given by the claimant in Part 1.1 or if you hold a different number.

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Please give us details of where the person was employed or engaged in the provision of a service as part of the health service or social care service. You need to complete one of the following:

Part 5.1 if this was in the NHS (or wider health care);

Part 5.2 if this was in social care;

Part 5.3 if a registered voluntary healthcare professional; or

Part 5.4 if the person was in any other employment or engagement not covered by Parts 5.1 to 5.3.

After completing one of the above you must complete all Parts 5.5; 5.6 and 5.7.

5.1 NHS (and wider health care) employments, engagements or contracts of service

Please give us the NHS organisation the person was primarily employed, engaged by or had a contract of service with. Please tick one box (a) to (d)

- (a) A statutory body employing staff on NHS terms and conditions of service.
- (b) A primary care organisation.
- (c) An organisation that provides services to the NHS.
- (d) Other health care service – please give details below

After ticking one box in 5.1(a) to (d) - please give us the following details.

Place of primary employment:

Primary job title or role:

What was their place of work on their last working day if different to their primary place?

What was their job title or role on their last working day if different to their primary one?

5.2 Social care employment

If the person was employed or engaged directly by a local authority in the provision of care and support services or in a service commissioned by a local authority or health board or employed to deliver care and support via direct payments, or in a registered care home or domiciliary support service, please indicate the category they were engaged with by ticking one box (a) to (f)

- (a) Social care worker providing care and support in care home service
- (b) Social care worker providing care and support for domiciliary support service
- (c) Social care worker providing care and support in other service provided or commissioned by local authority or health board
- (d) Person involved in other work related to provision of care and support or supported living
- (e) Person employed to provide care and support through direct payments
- (f) Other service – please give details below:

After ticking one box in 5.2(a) to (f) - please give us the following details.

Place of work:

Job title or role:

5.3 Registered healthcare professional who performed clinical services on a voluntary basis

Please give us the following details:

Relevant healthcare regulatory body (see guidance notes):

Place of unpaid work:

Voluntary clinical role:

5.4 Any other employment or engagement NOT covered by Parts 5.1 to 5.3 above

Please give us the following details about the person's employment or engagement and why you believe the person should be considered by the Welsh Ministers for a life assurance lump sum payment.

Place of employment:

Job title:

Professional qualification
or training:

In order for an eligibility assessment to be carried out please give a brief explanation below **and** provide a more detailed explanation about the person's NHS or social care position in Annex B.

5.5 Last day of working

When was their last working day, prior to any coronavirus disease sickness leave?

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5.6 Employment or engagement circumstances

From the options below please confirm the employment or engagement circumstance most relevant to the person on their last working day in health or social care, as stated in Part 5.5 above. Please tick one box (a) to (d).

- (a) The person came into close proximity by reason of caring for, supporting, treating or providing other clinical service to an individual who had, or was suspected of having, coronavirus disease, either in respect of that disease or for any other clinical or social care service.
- (b) The person was testing or diagnosing whether an individual was infected with or contaminated by coronavirus.
- (c) The person was providing any other type of service in same work place where the services described in (a) or (b) above were provided.

If you have ticked (a), (b) or (c) give details of the service the person was providing on their last working day. Annex B is available if you need it.

- (d) None of the above or it is difficult to establish the presence of coronavirus in the workplace. You must provide details in **Annex B** of whether you believe the person was exposed to a high risk of contracting coronavirus (Covid-19) disease, that they could not reasonably have avoided, by virtue of the role and location of the work which they carried out.

5.7 Health care or social care funding

Was the person providing the relevant service, confirmed in Part 5.6, in a place where services are delivered to publicly funded patients or in a Care Inspectorate Wales (CIW) service, including direct payments?

- Yes No - give details of how the relevant service the person provided was funded in the box below.

Part 6 - Coronavirus disease circumstances - must be completed by the responsible employer

Please see the guidance notes to see who the responsible employer is, to complete Part 6.

6.1 Employed or engaged and working at the time coronavirus disease was contracted

Please give details of the person's sickness, as a result of their coronavirus disease symptoms, while they were present in work, in the relevant service confirmed in Part 5.6.

Did the person report to their employer (ticked in 6.1) that they were sick? Please tick one box.

Yes – give the date they first reported sick: / /

No – give a brief explanation below **and** provide a more detailed explanation in Annex B:

Was the person present in work and employed or engaged in the relevant service confirmed in Part 5.6 **14 days** prior to the onset of their coronavirus disease symptoms, as confirmed in Part 1.2.

Yes No – give a brief explanation below **and** provide a more detailed explanation in Annex B:

6.2 Death certificate

Please give some details present on the death certificate. The claim form is invalid you have not been given the original death certificate (and associated documents). Please tick one box.

Coronavirus (COVID-19) disease is present on the death certificate – please continue to Part 7.

Coronavirus (COVID-19) disease is not present on the death certificate – please give more details.

Was coronavirus disease a contributing factor in the person's death?

Yes – see below No – see below

If Yes – give a brief explanation below **and** provide a more detailed explanation in Annex B:

If No – give a brief explanation below why you are supporting this claim **and** a more detailed explanation in Annex B:

Part 7 - Employer Declaration – must be completed by the responsible employer

Please see the guidance notes to see who the responsible employer is, to complete Part 7.

I declare that:

- I am the authorised signatory for the responsible employer.
- I am not related to the person, named in Part 1, who has died.
- I am not related to the claimant or any of the legal personal representatives, acting on behalf of the estate.
- The information I have given in Parts 5 and 6 of this form is correct.
- To my knowledge the person was present in work and employed or engaged in the relevant service 14 days prior to the onset of their coronavirus disease symptoms or I have provided a detailed explanation in Annex B.
- I have seen the original death certificate and supporting documents and I have returned these to the claimant.
- I enclose the following documents:
 - Copy of the Death Certificate,
 - Copy of the Grant of Probate or Letters of Administration (if currently available);
 - Annex A (for each legal personal representative, if there is more than one, listed on the Grant of Probate or Letters of Administration),
 - Annex B if required and completed,
 - Ethnicity Questionnaire.
- I have read the guidance notes that come with this claim form.

I understand that:

- This claim can be assessed for eligibility without a Grant of Probate or Letters of Administration, and the claimant will be notified of the outcome, but a payment can't be made until the claimant has provided one of these documents, naming the legal personal representative, to the scheme manager.
- The scheme manager may share the information I have provided with any relevant public body to meet the requirements of the Scheme.

Signature:

Date:

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Name in CAPITALS:

Position of signatory:

Telephone number (inc extension)

Email address:

Name of employer

Official stamp or address of employer (CAPITALS):

Please return this claim form by post to:

NHS Business Services Authority, PO Box 2269, Bolton, BL6 9JS

Annex A – multiple legal personal representatives

If you are one of the legal personal representatives listed, or about to be listed, on the Grant of Probate or Letters of Administration and you are not the person named in Part 2 please complete and sign Annex A.

You should then send it to the person named in Part 2 who will in turn give it to the employer of the person who has died.

Please give us the name of the person who has died

Last name:

First name:

Please give us the name of the claimant in Part 2

Last name:

First name:

Please give us your name and contact details

Title: (e.g. Mr, Mrs, Miss, Dr)

Last name:

First name:

Contact telephone number:

Email address:

Address:

Post code									

I declare that:

- I am a legal personal representative of the person who has died, named above;
- the estate has not received a benefit payment from, and does not have a claim pending with, a comparable coronavirus life assurance scheme in England, Scotland or Northern Ireland;
- I agree that the life assurance lump sum is paid in accordance to the terms specified in Part 2 (named above) and Part 3 of the NHS and Social Care Coronavirus Life Assurance (Wales) Scheme 2020 claim form.
- I have read the guidance notes that come with this claim form.

I understand that:

- A claim can be assessed for eligibility without a Grant of Probate or Letters of Administration, and the claimant will be notified of the outcome, but a payment can't be made until the claimant has provided one of these documents, naming the legal personal representatives, to the scheme manager.
- The scheme manager may decline to make a payment or seek recovery of any payment made under the NHS and Social Care Coronavirus Life Assurance (Wales) Scheme 2020, if I have made false representation or withheld relevant information.
- The scheme manager may share the information I have provided with any relevant public body to meet the requirements of the Scheme.

Signature:

Date:

			/			/			
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Annex B – to be used to provide an additional detailed explanation if required

Please confirm the name of the person and the Part of the claim form you are providing a more detailed explanation for. Please sign Annex B when completed. The responsible employer must complete Annex B if they have ticked Part 5.6(d).

For administration purposes: on each Annex B page used please provide the name of the person who has died.

Name:

Please tick one box and then sign.

Claimant, who has signed the declaration in Part 4.

Employer, who has signed the declaration in Part 7.

Signature

Date

		/			/				
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Guidance Notes

We have written these guidance notes to help the family of the person who has died and their employer to complete the claim form. Please read the guidance notes very carefully.

This claim form is to be used to claim the life assurance lump sum for a person who was employed or engaged in the NHS or social care, or a health care professional performing clinical services on a voluntary basis, in Wales only. The claim form can be assessed for eligibility before the claimant makes an application for probate - more information about this is on page 15.

There is a separate claim form for employments in NHS or adult and children's social care in England, which is also administered by us.

The claim will be declined if a separate claim has been accepted and a payment made by a comparable coronavirus life assurance scheme or death in service scheme in England, Scotland or Northern Ireland.

If the person who died was a member of the NHS Pension Scheme, or another pension scheme, a separate form will need completing to claim any bereavement benefits from that Scheme.

Parts 1 to 4 Who can be a claimant?

The life assurance lump sum is payable to the estate of the person who has died. You can be the claimant if you are a legal personal representative or a solicitor, acting on behalf of that estate.

A legal personal representative is an individual who's in charge of settling someone's estate after they've died. A legal personal representative is sometimes referred to as an executor if there is a will, there can be up to four executors, or as an administrator in cases where someone dies without a will. The legal personal representative must be named, or to be named, on the Grant of Probate or Letters of Administration.

If you, as the claimant, need more help with accessing or completing this claim form, please ask the employer of the person who has died for help. We have more information on our website at: www.nhsbsa.nhs.uk/coronavirus-life-assurance-2020

You will need to give the following supporting documents to the employer:

- the original death certificate,
- either of the: original Grant of Probate or original Letters of Administration (if currently available);
- Ethnicity Questionnaire.

If you are unsure if your claim will be successful, you can submit a claim form without obtaining Grant of Probate or Letters of Administration and we will assess the eligibility and write to you with the outcome. If eligibility is confirmed you will need to obtain one of these, naming the legal personal representative, for us to pay the life assurance lump sum.

If relevant to the claim:

- Annex A - if there is more than one legal personal representative named on either the Grant of Probate or Letters of Administration, they will each need to complete an individual Annex A, at the end of this claim form, unless they are the claimant.
- Additional supporting material – if coronavirus disease or Covid-19 is not listed on the death certificate the employer will let you know what additional material they will need from you.

Parts 5 to 7 Who is the responsible employer?

If the person was not employed or engaged by their primary (or substantive) employer at the time of their death, the primary employer remains the responsible employer. The primary employer may have to consult with the employer at the time of death if they are unable to answer any of the questions in Parts 5 and 6. The table below confirms who the responsible employer is.

Part 5	Responsible Employer
5.1(a)	<p>The statutory body (NHS organisation) - NHS Trust, Local Health Boards, or NHS Special Health Authority.</p> <p>The NHS organisation are also responsible for agency nursing staff and other members of staff who are employed by an organisation that provides outsourced services, or hold a subcontract to provide services, for example cleaning and catering who are employed and working on their premises. This will also include contracts with self-employed clinical locums.</p>
5.1(b)	<p>Where the claim form:</p> <p>(i) does not relate to the holder of the NHS contract, agreement or arrangement, it should be the GP Practice, Dental Practice, Pharmacy or Optometry Practice;</p> <p>(ii) relates to a party to the NHS contract, agreement or arrangement, where it's not a single-handed contractor/person, it should be the GP Practice, Dental Practice (as contract holder), Pharmacy or Optometry Practice;</p> <p>(iii) relates to the NHS contract holder, that is also a single-handed contractor, it should be the Local Health Board of the GP Practice, Dental Practice, Pharmacy or Optometry Practice;</p> <p>(iv) relates to a locum, it depends on circumstances:</p> <p>(a).if the locum is engaged by a host employer i.e. a Local Health Board as part of the Covid-19 response effort (i.e. local arrangements that have been put in place by commissioners) then it is the host employer;</p> <p>(b). if the locum is engaged on a regular basis by a GP Practice, a Dental Practice, Pharmacy or Optometry Practice, then it is that organisation;</p> <p>(c). if the locum is not engaged on a regular basis by a GP Practice, Dental Practice, Pharmacy or Optometry Practice but works through an agency, then it is the agency;</p> <p>(d). if none of (a), (b) or (c) applies, then it is the Local Health Board area to which the locum is attached through a responsible officer.</p>
5.1(c)	The organisation that provides services to the NHS, unless outsourced or sub-contracted to an NHS organisation (see 5.1(a) above).
5.2	<p>(i) The Care Home.</p> <p>(ii) The commissioning organisation - if the employer has been commissioned by the NHS or local authority to provide publicly funded NHS and social care services.</p> <p>(iii) the local authority – if the person was a personal assistant funded by the local authority.</p>
5.3	The NHS organisation (see 5.1(a) above) where the health care professional was performing clinical services on a voluntary basis

If you need help to complete this claim form, please go to our website at:
www.nhsbsa.nhs.uk/coronavirus-life-assurance-2020

Part 1 About the person who has died

Part 1 is completed by the person making the claim.

For the claim form to be valid you must answer every question about the person. The information you give us in Part 1 will help the employer and us in establishing that the person is eligible and that a life assurance lump sum can be paid.

If the person had both a private and professional surname, please give us both names.

Part 2 About you, the claimant

Part 2 is completed by the person making the claim.

Please give us your personal and contact details. We need to know who are, whether you are the person's only legal personal representative or if you are one of a number of legal personal representatives. If there is more than one legal personal representative then only one of you can act as the claimant.

We also need to know if you are a solicitor who is acting on behalf of the estate. If you are a solicitor, the Welsh Ministers and the employer are not liable to cover any fees associated with your service. Any fees must be paid by the estate. You will need to give details of the legal personal representative named in, or about to be named in, the Grant of Probate or Letters of Administration.

On the first page of the guidance notes we have listed the supporting documents you will need to give to the person's employer. If you are unsure if your claim will be successful, you can submit a claim form without obtaining Grant of Probate or Letters of Administration and we will assess the eligibility and write to you with the outcome. If eligibility is confirmed you will need to obtain one of these, naming the legal personal representative, for us to pay the life assurance lump sum. Please carefully read the information below about probate.

Probate

To ensure that the life assurance lump sum is paid in line with the wishes of the person (if they had made a will) or the law (if they had not made a will) the claimant must provide the employer or the NHS Business Services Authority with one of the following, either a Grant of Probate or Letters of Administration, commonly referred to as 'probate'. In all cases probate is required even if the claimant is a legal spouse or civil partner.

If the person left a will - you can apply for a Grant of Probate if you're named in the will, or in an update to the will (a codicil), as an executor. The person will normally have told you if you're an executor. You'll need the original will to apply for probate.

If more than one person is named as an executor, you must all agree who makes the application for probate. Up to four executors can be named on the application. If only one executor is named on the probate application, they'll need to prove that they tried to contact all executors named in the will before they applied.

If the person didn't leave a will – under the rules of intestacy you may be able to apply as an administrator for Letters of Administration if there is no valid will. More information about who can be an administrator can be found at: www.gov.uk/inherits-someone-dies-without-will.

Probate guarantees that the life assurance lump sum is paid to the correct legal personal representative as named on the document. The life assurance lump sum can't be paid without probate.

The Registrar of Deaths should issue leaflet PA2 with a death certificate, it explains how a legal personal representative applies for probate. You can apply for probate online by visiting www.gov.uk/applying-for-probate.

The website also confirms the probate application fees; these do not include any additional costs if the estate has enlisted a solicitor to apply for probate. Due to the coronavirus pandemic probate applications are taking longer than usual to process.

Legal personal representative living outside the UK

If a legal personal representative is living outside the UK probate made in certain countries and jurisdictions, such as a Commonwealth (or former Commonwealth) country, may be resealed in an English or Welsh court.

For countries outside the UK and the Commonwealth it will be necessary to apply for UK probate. One way that this can be resolved is if you arrange for someone residing in the UK to be given Power of Attorney

(POA) to act on your behalf. The legal personal representative needs to obtain their own legal advice as probate rules differ, and can be complex, in other countries.

More than one legal personal representative

If there is more than one legal personal representative named on the probate documents, they will each need to complete an Annex A, at the end of the claim form. If you are a legal personal representative but are named at Part 2 as the claimant you don't need to complete Annex A.

Part 3 About the payment

Part 3 is completed by the person making the claim.

We will pay the life assurance lump sum by direct credit into a bank or building society account you tell us to. This can be into a UK account or an international account.

UK accounts

The payment can't be paid into a mortgage account or National Savings Bank account. If the account is with a building society, please make sure you provide the Roll No.

International accounts

The international account must be capable of receiving secure electronic payments of funds.

International accounts will need a SWIFT Bank Identifier Code (BIC), that can be either 8 or 11 characters long, and an International Bank Account Number (IBAN), the length of which can vary depending on the country in which the account is held. Its maximum length is 34 characters.

Cheques

We can pay the life assurance lump sum by cheque, but we would prefer, for security and to prevent fraud, to pay it directly into a bank or building society account.

Part 4 The claimant's declaration

Part 4 is completed by the person making the claim.

Please read these guidance notes and the declaration statement carefully before signing. After completing and signing the claim form please send it and the original supporting documents to the employer of the person who has died. You may wish to send these to the employer by recorded delivery.

The employer will take a photocopy of the original supporting documents and return the original documents to you by recorded or special delivery.

The scheme manager will recover any payment made under the NHS and Social Care Coronavirus Life Assurance (Wales) Scheme 2020, if a separate claim has been sent to, or a benefit payment has been received from, a comparable coronavirus life assurance scheme in England, Scotland or Northern Ireland, the claimant or a legal personal representative has made false representation or withheld relevant information.

Ethnicity Monitor Questionnaire

The questionnaire is completed by the person making the claim.

Please confirm the ethnic group that the person who has died belonged to. Your response will assist the Government in the ongoing research into the coronavirus disease.

Part 5 Employment/engagement details of the person who has died

Part 5 is completed by the responsible employer.

Entitlement to the NHS and Social Care Coronavirus Life Assurance (Wales) Scheme 2020 is contingent on two key principals. The first of which is that the person was employed or engaged in the provision of a service as part of the health service or social care service during the coronavirus pandemic AND that because of their role or place of employment or engagement they had a high risk of contracting coronavirus disease. This includes self-employed clinical locums, agency nursing staff and healthcare professional performing unpaid clinical services on a voluntary basis.

As the responsible employer you should assist the bereaved family in making the claim. The Welsh Ministers will consider if they are reasonably satisfied that the nature of the person's work put them at high risk of contracting coronavirus and whether the disease was likely to have been contracted in the course of their work.

In Parts 5.1 to 5.4 you need to give us details of where the person was working and their job title or role both in their primary employment or engagement, agreement or arrangement and at the time of their death.

Part 5.1 NHS (and health care) - complete Part 5.1 if the person was employed, engaged or had a contract, agreement or arrangement of service with the NHS.

In Part 5.1(a) a statutory body (NHS organisations) employing staff on NHS terms and conditions of service, includes:

- NHS Trust and Local Health Boards,
- NHS Special Health Authority.

NHS organisations are also responsible for agency nursing staff and other members of staff who are employed by an organisation that provides outsourced services, or hold a subcontract to provide services, for example cleaning and catering who are employed and working on their premises. This will also need to include contracts with self-employed clinical locums.

In Part 5.1(b) a primary care organisation, includes:

- GPs and staff employed by GP practices,
- GP locums,
- Dental practitioners and staff employed by dental practices
- Pharmacists and staff employed by pharmacists,
- Optometrists and staff employed by optometry practices.

In Part 5.1(c) an organisation that provides services to the NHS, includes:

- Independent providers,
- Universities,
- Staff working for organisations that provide outsourced services, supply temporary or agency staff, or hold a subcontract to provide and assist in the delivery of NHS services and who are required to be physically present to provide such services – please see 5.1(a) above.

In Part 5.1(d) any other health care service is one where the person was employed or engaged but NOT with an organisation described in 5.1(a) to (c). Give details of where the person was working and their job title or role.

In Parts 5.1(a) to 5.1(d) a qualifying contract, agreement or arrangement for employed staff includes but is not limited to:

- an APMS contract;
- a contract, agreement or arrangement between an NHS organisation and a higher education provider covering the provision of NHS services;
- an Eye Health Examination Wales arrangement;
- a General Dental Services contract;
- a General Medical Services contract;
- a General Ophthalmic/Eye Care Services arrangement;
- a General Pharmaceutical Services arrangement;
- a local authority contract for the provision of health or social care services;
- a Low Vision Service arrangement;
- a PDS agreement; or
- a PMS agreement.

Part 5.2 Social Care - complete Part 5.2 if the person was employed or engaged in either adult or children's social care. Staff are employed in social care funded either directly by local authorities or NHS funded nursing care (FNC) or within commissioned organisations.

The responsible employer must then confirm the social care service in which the person was employed, you do this by choosing one of the options from 5.2(a) to 5.2(f). You will also need to give us details of their place of employment and job title or role.

Social care workers are individuals who are employed or engaged under:

- a contract of service,
- a contract for services, or
- an apprenticeship,

in the provision of social care services or NHS funded care.

Adult or children's social services are services which are:

- provided or commissioned by a Welsh local authority in the exercise of its social services functions,
- provided to meet the needs of a person which a local authority is meeting by making a direct payment (under a payment made pursuant to section 50 or 51 of the Social Services and Well-being (Wales) Act 2014),
- NHS funded care is personal care funded by a local health board in Wales for a person entitled to NHS continuing healthcare or funded nursing care.

In Part 5.2 employment does not include those engaged as a volunteer.

Part 5.3 Unpaid registered healthcare professional – complete Part 5.3 if the person was a registered healthcare professional performing unpaid clinical services on a voluntary basis AND was registered by one of the following:

- General Medical Council,
- General Dental Council,
- General Optical Council,
- General Osteopathic Council,
- General Chiropractic Council,
- General Pharmaceutical Council,
- Nursing and Midwifery Council,
- Health and Care Professions Council.

Members of the public who volunteer to support the NHS or social care during the COVID-19 pandemic but who are not registered healthcare professionals are not eligible for the NHS and Social Care Coronavirus Life Assurance (Wales) Scheme 2020.

Part 5.4 Other – complete Part 5.4 if their place of employment or engagement and job title or role is not covered in Parts 5.1 to 5.3 and you believe they should be considered by the Welsh Ministers for a life assurance lump sum payment.

Please give as much detail about the person's place of employment and job title or role along with an explanation why you believe the person should be considered by the Welsh Ministers.

Ultimately, it will be the Welsh Ministers, who determines whether the person can be paid under the NHS and Social Care Coronavirus Life Assurance (Wales) Scheme 2020.

Part 5.5 Last working day – it is essential that you confirm the person's last working day employed, engaged or volunteering with before they died.

Part 5.6 Employment or engagement circumstances – to be eligible it must be shown that the person was exposed to a high risk of contracting coronavirus disease in circumstances where they could not reasonably avoid that risk because of the nature and location of the work they were employed, engaged or contracted to carry out.

From the options (a) to (d) you need to confirm the relevant service being provided by the person on their last working day in health care or social care, as confirmed in Part 5.5.

An example of an 'any other type of service' would be if the person had worked as a cleaner in a hospital or social care home where coronavirus disease was present.

If you tick one of the options, (a) to (c), you need to give us details of the service the person was providing on their last working day.

Option (d) should be chosen if the person does not fall into options (a) to (c). You must provide a full and detailed explanation in Annex B of the service the person was providing on their last working day and whether you believe the person was exposed to a high risk of contracting coronavirus (Covid-19) disease, that they could not reasonably have avoided, by virtue of the role and location of the work which they carried out.

Ultimately, it will be the Welsh Ministers, who determines whether the person can be paid under the NHS and Social Care Coronavirus Life Assurance (Wales) Scheme 2020.

Part 5.7 Health care or social care funding - you must let us know if the person providing the relevant service was in a location where services were being delivered to publicly funded patients or in a Care Inspectorate Wales (CIW) service, including direct payments.

Part 6 Coronavirus disease circumstances of the person who has died

Part 6 is to be completed by the responsible employer.

Entitlement to the NHS and Social Care Coronavirus Life Assurance (Wales) Scheme 2020 is contingent on two key principals. The second of which is that the person's death was qualifying.

The information provided by you in Part 6 will assist us in establishing if the person's death due to coronavirus disease was work-related and as such a qualifying death .

Part 6.1 The Scheme asks for confirmation that the person was at work performing their NHS or social care duties in the 14 days before the start of their coronavirus symptoms. A different time period may be accepted where supported by medical evidence and an explanation at Annex B. Welsh Ministers must be reasonably satisfied that coronavirus disease was wholly or mainly the cause of death.

Part 6.2 Death certificate – we must be satisfied that coronavirus (COVID-19) disease was the cause or one of the causes of death. This could be written as coronavirus (COVID-19) disease or COVID-19.

The Scheme covers cases where coronavirus disease was the whole or main cause of death. The Welsh Ministers may also consider applications that relate to cases where coronavirus is not listed on the person's death certificate, but where the person was providing health or social care services directly to people with coronavirus and the performance of those functions was likely to have contributed to the person's death. In such cases the Welsh Ministers may, using discretionary powers, determine that the death eligible. Please give a detailed explanation in Annex B.

Part 7 Employer declaration

Part 7 is to be completed by the responsible employer.

You need to carefully read and sign the declaration.

Please make sure that you have been sent all the required original supporting documents and that these are in order, that you have taken a photocopy of the supporting documents to send to us and returned the original supporting documents to the person who is claiming for the life assurance lump sum. We recommend that you return these either by recorded or special delivery.

If you believe that the person may not automatically be entitled or are unsure whether coronavirus disease was a contributing factor in their death, you need to give us a full explanation in Annex B and send us all supporting evidence or documents for the Welsh Ministers to consider if the person qualified for a life assurance lump sum payment.

Remember you can do this before the claimant applies for probate. We will assess the eligibility and write to the claimant with the outcome. If eligibility is confirmed they will need to obtain probate, naming the legal personal representative, for us to pay the life assurance lump sum.

You need to post the paper claim form and photocopies of the required supporting documents to us at the following address.

NHS Business Services Authority,
PO Box 2269,
Bolton,
BL6 9JS

Annex A

If there is more than one legal personal representative, then each person named on the Grant of Probate or Letters of Administration must read and sign a separate Annex A, unless they are named as the claimant in Part 2.

We will notify each person who has completed an Annex A when the life assurance lump sum is paid.

The scheme manager will recover any payment made under the NHS and Social Care Coronavirus Life Assurance (Wales) Scheme 2020, if a separate claim has been sent and a benefit payment has been received from a comparable coronavirus life assurance scheme in England, Scotland or Northern Ireland or if the claimant or a legal personal representative has made false representation or withheld relevant information.

Annex B

This Annex is provided if you require additional space.

We ask that if you use Annex B that you confirm the Part of the claim form you are giving the explanation for and then sign at the bottom of Annex B.

For administration purposes: on each Annex B page used please give the name of the person who has died.