

England Infected Blood Support Scheme (EIBSS) Application form for bereavement lump sum and bereaved partner payments

Notes to applicants

If you were the co-habiting spouse, civil partner or long-term partner of an infected EIBSS beneficiary, you can use this form to apply for:

- a £10,000 bereavement lump sum
- bereaved partner payments.

You need to declare that you were the spouse, civil partner or long-term partner of the EIBSS beneficiary at the time of their death and to provide proof of ID. You also need to provide recent evidence that you were cohabiting, for example a joint utility bill, joint council tax bill, joint bank statement, joint lease or mortgage document, etc., unless it is stated on the death certificate.

If you can't provide documentary evidence to prove you were cohabiting and it is not stated on the death certificate, please complete the Referee Form - Appendix 1 at the back of this form.

You will need to confirm your circumstances and explain why you are unable to provide documentary evidence in Section A, and arrange for someone who can act as a referee for you to complete and sign a declaration in Section B. The referee must:

- be a professional person (including those who are retired) for example, bank or building society officials, police officers, civil servants, ministers of religion and people with professional qualifications like teachers, accountants, engineers and solicitors, and;
- have known about you at the time of your spouse/partner's death, and;
- not be related to you (by birth or marriage) or in a personal relationship with you and must not live at your address

What you can expect from us

We will normally deal with your claim within 30 working days of receiving your form. If we need more information, we will write to you to ask for it.

If you need any assistance completing your application form, please contact us at eibss@nhsbsa.nhs.uk or on 0300 330 1294, Monday to Friday between 9am and 5pm.

Section 1 - Applicant's details

Title:	<input type="text"/>	Address (including postcode):	<input type="text"/>
First name:	<input type="text"/>		
Last name:	<input type="text"/>	Postcode	<input type="text"/>
Date of birth:	<input type="text"/>	Mobile number:	<input type="text"/>
Relationship to registrant (e.g. married, civil partner, co-habiting):	<input type="text"/>	Landline number:	<input type="text"/>
If you're currently an EIBSS beneficiary, please provide your reference number:	<input type="text"/>	Email address:	<input type="text"/>

We might need to contact you about your claim. Please indicate your preferred method by which we may contact you if we need to.

I prefer to be contacted by: Letter Telephone Email

Section 2 - Information about your late spouse/partner

Title:	<input type="text"/>	Address at time of passing:	<input type="text"/>
First name:	<input type="text"/>		
Last name:	<input type="text"/>	Postcode	<input type="text"/>
Date of birth:	<input type="text"/>	Date of death:	<input type="text"/>
EIBSS reference number	<input type="text"/>		

Section 3 - Payment details

Please provide the details of the account into which you wish the payment to be made, if you are eligible:

Name(s) of account holder(s):	<input type="text"/>	Bank name:	<input type="text"/>
Sort code:	<input type="text"/>	Swift/BIC number (if applicable):	<input type="text"/>
IBAN (if applicable):	<input type="text"/>	Account number:	<input type="text"/>
Building society roll number:	<input type="text"/>		

Section 4 - Data Protection

By submitting this form to the NHS Business Services Authority (NHSBSA), you confirm that you have read and understood the privacy notice at the end of this form.

Your personal information will only be used by the NHSBSA on behalf of the Department of Health, to check your eligibility for a payment and to administer your application. Information about the NHSBSA's privacy policy is available at www.nhsbsa.nhs.uk/our-policies/privacy. All personal information will be transferred and stored securely in compliance with Data Protection law.

If you have any questions regarding the use of your information, please contact the scheme administrator by telephone on 0300 330 1294 or by email to eibss@nhsbsa.nhs.uk

Section 5 - Declaration

- **I agree** that the information I give on this form is complete and correct.
- **I agree** to repay any money I receive to which it is found that I am no longer entitled.
- **I understand** if I knowingly give wrong or incomplete information I may be prosecuted.
- **I agree** to repay any money received in error from the England Infected Blood Support Scheme.
- **I consent** to the England Infected Blood Support Scheme obtaining any data held on my deceased partner by the Eileen Trust, the Macfarlane Trust, MFET Ltd, the Skipton Fund or the Caxton Foundation for the purposes of providing me with financial support.
- **I understand** that the NHS Business Services Authority (NHSBSA) may require access to data held on me by other public bodies and/or make any additional enquiries with other public bodies that may be necessary in relation to any application I make to the England Infected Blood Support Scheme
- **I understand** and consent to the sharing of information with the NHS Counter Fraud Authority for the purposes of verification of this claim and the investigation, prevention, detection, and prosecution of fraud.

Please note: Failure to provide requested further information within a three-month period will result in a new application being required.

I confirm that (please tick):

- The registrant/primary beneficiary and I were legally married or in a formal legal union (such as a civil partnership) and living together in the same household (co-habiting) at the time of their death.
- The registrant/primary beneficiary and I were not married or in a formal legal union at the time of their death but we were living together as a couple in a relationship akin to a marriage/formal legal union.

Please indicate if you are applying for regular payments, a one-off lump sum or both.

- I wish to apply for the regular bereaved partner payment from EIBSS
- I wish to apply for the one off £10,000 bereavement lump sum from EIBSS

Signature of applicant:

Date:

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Return your completed form to: FREEPOST EIBSS (valid within the UK only) or to EIBSS, NHSBSA, Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne, NE1 6SN, making sure you include:

- Proof of ID (for example, a copy of your passport, driving licence or birth certificate)
- Proof of your current address (for example, a copy of your bank statement or utility bill)
- Death certificate of the EIBSS beneficiary (photocopies are acceptable)
- Evidence to show that you were co-habiting at the time of your spouse/partner's death if this is not stated on the death certificate (for example, a joint bank statement or joint council tax bill), or if not available a completed Referee Form (Appendix 1 of the application form).

We will send you confirmation that we have received your form and supporting documents.

England Infected Blood Support Scheme - Privacy notice

The NHS Business Services Authority (NHSBSA) will process the information supplied by the charities who previously provided the service for the purposes of administering payments under the EIBSS.

The NHSBSA is providing this service, as it is legally obliged to do so under the NHS Business Services Authority (Awdurdod Gwasanaethau Busnes y GIG) (Infected Blood Payments Scheme) Directions 2017.

The NHSBSA can be contacted at the following address: FREEPOST EIBSS (valid within the UK only) or at EIBSS, NHSBSA, Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne, NE1 6SN.

Data sharing

Your information may be shared with other people/organisations including, but not limited to, the following:

- Administrators of other Infected Blood Support Schemes in the UK to ensure you are directed to the correct scheme.
- Medical professionals for the assessment of any future applications/appeals made.
- The Department of Health for planning and information purposes.
- Russell Cooke Solicitors to obtain the necessary information to make accurate payments

The information may be shared for the purposes of preventing fraud and error.

By continuing with your application you understand the need to disclose relevant information to the NHSBSA and any other relevant parties they may share it with as outlined above. Your information will not be transferred outside the UK or EU unless you, at any time, reside outside of that area and the transfer is required in order to write to you regarding the service and/or to make payments to the appropriate bank.

How long we will keep your information

Your information will be retained for seven years following the date of the final payment being made to you or any of your dependents.

Your rights

Information you provide to the NHSBSA will be managed as required by relevant Data Protection law including the General Data Protection Regulation (GDPR). You have the right to:

- Receive a copy of the information the NHSBSA holds about you.
- Request your information be changed if you believe it was not correct at the time you provided it.
- Request that your information be deleted if you believe the NHSBSA is processing it for longer than is necessary to make payments under the England Infected Blood Support Scheme.

Details of how the NHSBSA processes your data are shown on our website at <https://www.nhsbsa.nhs.uk/our-policies/data-protection>

To make use of these rights please contact the NHSBSA Data Protection Officer:

Information Governance
NHS Business Services Authority
Stella House
Goldcrest Way
Newburn Riverside
Newcastle upon Tyne
NE15 8NY

dataprotection@nhsbsa.nhs.uk

If you have any concerns about the processing of your information you have the right to contact the Data Protection Regulator:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

<https://ico.org.uk/global/contact-us/email/>
<https://ico.org.uk>

England Infected Blood Support Scheme (EIBSS) Referee form (Appendix 1)

To evidence cohabitation where documentary evidence cannot be provided

Section A – to be completed by the applicant

I confirm that (please tick):

- The registrant/primary beneficiary and I were legally married or in a formal legal union (such as civil partnership) at the time of my spouse's death. We were living together at the same address at the time (cohabitating).

- The registrant/primary beneficiary and I were not married or in a formal legal union at the time of my partner's death but living together (cohabitating) as a couple in a relationship akin to a marriage/formal legal union.

We were living together at the following address:

Postcode									

Please tell us why you are unable to provide documentary evidence that you were cohabiting at the time of your spouse/partner's death:

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Signature of applicant:

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Date:

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Section B – to be completed by the referee

I, _____⁽ⁱ⁾, hereby confirm that _____⁽ⁱⁱ⁾
and _____⁽ⁱⁱⁱ⁾ at the time of said person's death in _____^(iv)
were spouses or partners as follows (please tick **one** of the options):

- Legally married or in a formal legal union (such as civil partnership), and living together in the same household (cohabitating).
- Not married or in a formal legal union at the time of their death but living together (cohabitating) as a couple in a relationship akin to a marriage/formal legal union.

At the time of the deceased spouse/partner's death, the couple were living together at^(v):

Postcode									

Please confirm that the statement below applies to you and give details of your profession:

- I am a professional person (or a retired professional) bank or building-society official, police officer, civil servant, minister of religion, or other professional e.g. a teacher, accountant, engineer or solicitor.

My profession is:

Please tick to confirm that all of the following apply:

- I knew of the applicant at the time of their spouse/partner's death.
- I live in the UK.
- I am **not** related to the applicant, am **not** in a personal relationship with them and do not live at their address.

Please provide your full postal address, date of birth and contact telephone number in this box:

Postcode									

Signature of referee:

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Date:

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- (i) Please give your name.
(ii) Please insert the name of the applicant you are providing this reference for.
(iii) Please provide the name of the deceased partner or spouse of the applicant you are providing this reference for.
(iv) Please give month/year of when the deceased partner or spouse died.
(v) Please give the address where the couple lived when the spouse/partner passed away.