

## England Infected Blood Support Scheme (EIBSS) Application form for bereavement lump sum

You can use this form to apply for the £10,000 bereavement lump sum if:

- you were the co-habiting spouse or partner of an infected EIBSS beneficiary, or
- you are the executor of the estate of an infected EIBSS beneficiary

### Notes to applicants

#### Co-habiting bereaved spouse/partners

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 co-habiting and it is not stated on the death certificate, please complete the Referee Form - Appendix 1 at the end 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.

#### Estates of an infected beneficiary scheme

If the beneficiary did not have a partner that they lived with, you can claim this payment if you meet the following criteria:

- you are the executor of the person's estate
- you are acting on behalf, or with the consent of, the executor
- the payment has not previously been paid.

You'll need to show you're managing the person's estate or have the authority to make a claim on their behalf and provide proof of ID.

## Section 1 - Applicant's details

Title: <input type="text"/>	Address (including postcode): <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
First name: <input type="text"/>	
Last name: <input type="text"/>	
Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile number: <input type="text"/>
Relationship to registrant (e.g. married, civil partner, co-habiting): <input type="text"/>	Landline 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 the late EIBSS beneficiary

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

## 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](http://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](mailto:eibss@nhsbsa.nhs.uk)

---

## Section 5 - Declaration

### Co-habiting bereaved Spouse/Partner - I confirm that (please tick one that applies):

- 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.

### Estate claims (please tick all that apply):

- I am the Executor of the estate
- I am acting on behalf, or with the consent, of the executor
- There is no co-habiting bereaved partner
- I wish to apply for the £10,000 bereavement lump sum from EIBSS

Signature of applicant:

Date:

			/				/				
--	--	--	---	--	--	--	---	--	--	--	--

**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).

### For Estate claims:

- A copy of the Will, Letter of probate or administration
- Proof of ID (for example, a copy of your passport, driving licence or birth certificate)

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](mailto: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:

--

Signature of applicant:

--

Date:

		/			/				
--	--	---	--	--	---	--	--	--	--

## Section B – to be completed by the referee

I, \_\_\_\_\_<sup>(i)</sup>, hereby confirm that \_\_\_\_\_<sup>(ii)</sup>  
and \_\_\_\_\_<sup>(iii)</sup> at the time of said person's death in \_\_\_\_\_<sup>(iv)</sup>  
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<sup>(v)</sup>:

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:

--	--	--	--	--	--	--	--	--	--

Date:

		/			/				
--	--	---	--	--	---	--	--	--	--

- (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.