

## NHS Injury Benefits Scheme - Application for Permanent Injury Benefit (AW14)

This application form is for applications where the claimed injury occurred, or disease was contracted, on or before 30 March 2013 and where the last day of service or permanent change in employment occurs on or after 31 March 2018.

Temporary Injury Allowance (TIA) ref:

IB

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

<b>Section A</b>	To be completed by the <b>Employing Authority (EA)</b>
<b>Section B</b>	To be completed by the <b>Applicant</b>

### Guidance to all contributors of this application

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

### Section A - To be completed by the EA.

#### Part 1 - Complete for all applications

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

Surname

Former surname (If applicable)

Other names

National Insurance number

         

Date of birth

  /   /     

EA payroll reference

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

  /       

If the applicant is in the NHS Pension Scheme has an application for a NHS pension on ill health grounds been accepted?

Yes

No

Awaiting decision

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

Employment ended on

  /   /     

Lower paid employment began on

  /   /     

The employee died on

  /   /





## 6. Pay details

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

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

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

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

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

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

Paid leave  from  /  /  to  /  /

Paid notice  from  /  /  to  /  /

Payment in lieu of notice  from  /  /  to  /  /

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

Is London weighting included in the above figures?

No  Go to next question

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

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

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

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

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

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

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

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

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

Tick here if hours vary

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

1. Applicant's date of death   /   /

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

Yes  give details below:

3. Spouse / registered civil partner first names.

4. Date of birth.   /   /

5. Date of marriage / registered civil partnership   /   /

6. Did the deceased leave any financially dependent relatives?

No  Yes  please complete the box below

Name	Relationship to the deceased	Date of birth							
				/			/		
				/			/		
				/			/		
				/			/		
				/			/		
				/			/		
				/			/		

**Part 4**

(a) **Death cases only:**

Y = Yes N = No

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

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

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

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

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

Please tick

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

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

Signature

Please print name

Status

Date  /  /

Telephone number

Email address

EA Official Stamp

EA Code

## Section B - To be completed by the applicant

### Part 5

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

Is there anything that you disagree with? Yes  No

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

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

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

Subject	Qualification GCSE / GCE / Diploma / Degree etc.	Grade

3. Are you working at present?  Yes  No

If you have answered 'Yes':

What job are you doing?

What are your duties?

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

How many hours a week do you work?

## About your injury or illness

**For claims of NHS Injury Benefits relating to an injury that occurred, or disease that was contracted, on or before 30 March 2013 and the date of the permanent change of employment was on or after 31 March 2018 it is the applicant's responsibility to provide all of the medical evidence. The NHS Business Services Authority (NHSBSA) will not gather any further medical evidence therefore please ensure that you provide a detailed explanation and compelling medical evidence with your application.**

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

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



6. Please attach any medical reports or information in support of your application, and list here **all** the supporting documents you are sending us.

## 7. Your consent

### Your consent under the Access to Medical Reports Act 1988

The compelling medical evidence you provide will be used to consider your application. The medical advisers will not gather any further medical evidence. However, if the Scheme's medical advisers require clarification of any medical evidence you have provided then they will write to you under separate cover and request your consent to contact the relevant medical provider or specialist. In this situation, if your consent is provided your application will be able to proceed.

#### Please tick one of the following choices

- I agree**, where required, that for the purpose of considering my PIB application the NHSBSA and its medical advisers can obtain information from my employer. If I have previously applied for Ill Health Retirement (IHR) and/or Temporary Injury Allowance (TIA), **I agree** that NHSBSA and its medical advisers can consider the information included in the IHR and TIA records which are held by the NHSBSA when considering my application for PIB.
- I do not agree**, that for the purpose of considering my PIB application, the NHSBSA and its medical advisers can obtain information from my employer. The documents which were used for the assessment of any Ill Health Retirement (IHR) application and Temporary Injury Allowance (TIA) application which are held by the NHSBSA **cannot be** considered in my application for PIB. I understand that by not agreeing to this the NHSBSA may be unable to consider my application for PIB.

#### Please tick one of the following choices:

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

**Declaration.** Please read and sign below

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

Your signature

Print name

Date

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

Home address

Telephone number

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

**Send this form and all relevant papers to:**

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

### **Injury Benefits – Privacy Notice**

#### **How we use your information**

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

**Continue here with any extra information**