

## **Industrial Injuries Disablement Benefit** **for an accident at work**

**This form is for declaring an industrial accident and claiming Industrial Injuries Disablement Benefit for an accident at work**

- **Before you fill in this form, please read the notes that came with this claim pack.**
- **Please answer all the questions that apply to you and your partner.**

If you need help to fill in any part of this form, phone Industrial Injuries Branch. You can find their number in the **BI100A Notes** which we sent with this form.

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## *How we collect and use information*

The information we collect about you and how we use it depends mainly on the reason for your business with us. But we may use it for any of the Department's purposes, which include

- social security benefits and allowances
- child support
- employment and training
- private pensions policy, and
- retirement planning.

We may get information from others to check the information you give to us and to improve our services. We may give information to other organisations as the law allows, for example to protect against crime.

To find out more about how we use information, visit our website [www.nidirect.gov.uk](http://www.nidirect.gov.uk) or contact any of our offices.

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# PART 1

## About you

Everyone must fill in this part.

Please tell us about yourself

National Insurance Number  
You can find the number on your National Insurance (NI) numbercard, letters about your benefit or payslips

Letters	Numbers			Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you do not know your NI number, have you ever had one or used one at any time?

No

Yes

Surname or family name

All other names - in full

All other surnames or family names you have been known by or are using now. Please include maiden name, all former married names and all changes of family name

Address

  
  
  

Home phone number

Daytime phone number, if different

Mobile phone number

Date of birth

Please tell us about any other personal details you think we should know about in **Part 11 Other Information**. For example, other names or any other addresses you have lived at in the last 3 years.

## PART 2

### *Filling in the form and signing it for someone else*

Please read Page 4 of BI100A Notes.

Only complete this section if you have filled in the form for the customer because they are **unable** to do so.

**Please tell us why the customer cannot fill in the form.** Tick the boxes that apply.

The customer cannot sign the form because their illness or disability makes it impossible to do so.

The Department for Social Development has appointed me to get the customers benefits and deal with social security matters on the customers behalf.

The customer is unable to manage their affairs because of mental illness or mental disability

Any other reason - please explain

#### Please tell us about yourself

Your Surname or family name

Mr/Mrs/Miss/Dr/Rev/Ms

All other names - in full

What is your relationship to the customer?

Your address

  
  
  
 Postcode

Home phone number

Code          Number

Daytime phone number, if different

Code          Number

Mobile phone number

Number

National Insurance Number

You can find the number on your National Insurance (NI) numbercard, letters about your benefit or payslips

Letters	Numbers		Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## PART 3

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### *About your work*

Everyone must fill in this part.

- Please tell us about your job at the time of the accident

Name and address of your employer  
at the time of the accident.

Postcode

Employers phone number, if you know it

Code	Number
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Workplace

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Your job

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Department

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Payroll, staff or other reference number

--

If your employer has changed their name  
or address since your accident,  
please tell us the new details.

Postcode

In which industry or business area is this  
company involved?

--

Is this employer still in business?

Yes  No

## PART 4

### *About the accident*

**Where did the accident happen?**

Please tell us the exact place where it happened.

**When did the accident happen?**

Date

/ /

Time

am/pm

**Have you reported the accident to your employer?**

**No**  Please tell them about the accident now.

**Yes**  Please tell us the name of the person you reported the accident to:

**Did anyone else see the accident?**

**No**

**Yes**  Please tell us about them

Postcode

Postcode

## PART 4

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### *About the accident - continued*

Have you ever claimed Industrial Injuries  
Disablement Benefit for this accident?

No

Yes

Please tell us when

 

Have you applied for an accident  
declaration for this accident before?

No

Go to Part 5.

Yes

Please tell us when

 

When you ask us to look at the details of  
your accident and we decide it was an  
industrial accident, we call it an *accident  
declaration*.

Go to **Part 8** if you want to claim benefit.

## PART 5

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### *Details of the accident*

Fill in to declare an industrial accident if you have not already done so.

If you have already filled in an accident declaration for this accident, go to Part 8.

What were you doing when the accident  
happened?

What was the accident and how did  
it happen?

Please give as much information as you can.

## PART 5

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### *Details of the accident - continued*

*Please describe the injuries caused by the accident.*

Please give as much detail as you can. For example, if you injured your arm, tell us if it was your left or right arm.

**In what way has the accident affected you?**

## *About earlier claims for Industrial Injuries Disablement Benefit*

Have you ever claimed Industrial Injuries  
Disablement Benefit for this accident before  
or for any other industrial accident or for  
an industrial disease?

No

Go to **Part 7**.

Yes

Please tell us about these claims below.

### **Claim 1**

### **Claim 2**

Did you claim for an  
industrial disease?

No

Yes

What is the name of the disease?

No

Yes

What is the name of the disease?

Did you claim for an  
industrial accident?

No

Yes

What was the date of the accident?

No

Yes

What was the date of the accident?

When did you claim?  
If you are not sure,  
give an approximate  
date.

If you were living at  
a different address  
when you claimed,  
please tell us the  
address.

Tell us even if you  
lived abroad.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text" value="Postcode"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text" value="Postcode"/>

If you need to tell us about more than 1 address,  
or more than 2 claims, tell us about them in  
**Part 11 Other Information.**

## PART 7

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### *Accident Declaration*

#### Your application for a declaration

- **I apply** for a declaration that this accident was an industrial accident.
- **I understand** that this application **is not** a claim for benefit.

Signature

Date

#### What to do now

Please make sure that you have answered all the questions in **Parts 1 to 7** of this form.

**To claim benefit for this accident please also fill in Parts 8 to 12.**

Send this form to the address on the front of the form.

## PART 8

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### *About medical details*

**Please fill in parts 8 to 12 if you want to claim benefit for your accident.**

**Please tell us the Name and address of your GP.**

If you have a medical report about your condition, for example, a report from a specialist you have already seen, **please send a copy with this form.**

Postcode

**GP's phone number**, if you know it

Code	Number
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- **We may ask you to go to a medical examination with a doctor or specialist**

If you have any problems with going to a medical examination, please tell us about them.

Also tell us any date that you may not be able to go to a medical examination in the next 6 months.



**PART 9**

***About other benefits and entitlements***

**Are you, or your partner if you have one, getting any of the benefits, allowances or pensions listed below?**

Tick **Yes** if you or your partner have claimed one of these and are waiting to hear about it.

We use *partner* to mean

- a person you are married to or a person you live with as if you are married to them, or
- a civil partner or a person you live with as if you are civil partners.

No

Yes

Please tick the boxes that apply to you or your partner.

Income Support

Income-based Jobseekers Allowance

Income-related Employment and Support Allowance

State Pension Credit

Any other state benefit, allowance or pension

You	Your Partner
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Are you getting or are you claiming**

War Disablement Pension?

Armed Forces Compensation Scheme?

Nature of the injury or disease

Nature of the injury or disease

Percentage disablement  %

Tariff of disablement

**If you have ticked any boxes above, please tell us about the benefits, allowances or pensions below.**

Name of the benefit, allowance or pension

Reference number, if applicable

Date of claim or application

Address of the office dealing with your claim or application

You
<input type="text"/>
<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/> Postcode

Name of the benefit, allowance or pension

Reference number, if applicable

Date of claim or application

Address of the office dealing with your claim or application

Your partner
<input type="text"/>
<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/> Postcode

**PART 9**

***About other benefits and entitlements - continued***

**You**

Name of the benefit, allowance or pension

Reference number, if applicable

Date of claim or application

Address of the office dealing with your claim or application

**Your partner**

Name of the benefit, allowance or pension

Reference number, if applicable

Date of claim or application

Address of the office dealing with your claim or application

**If you have told us about a benefit, allowance or pension which your partner is getting, tell us about your partner.**

Their surname or family name

Their other names

Their National Insurance (NI) number, if you know it.

Letters	Numbers	Letter
<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"/>

Date of birth

## PART 10

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### *How we pay you*

We can pay your Industrial Injuries Disablement Benefit every 4 weeks, every 13 weeks or every week.

**Please tell us how often you want us to pay your benefit**

Every 4 weeks

Every 13 weeks

Every week

If you want more information, get in touch with your Industrial Injuries Branch. You can find the address in the **BI100A Notes** which we sent you with this form.

#### **We normally pay your money into an account.**

Many banks and building societies will let you collect your money at the post office.

We will tell you when we will make the first payment and how much it will be for.

We will tell you if the amount we pay into the account is going to change.

#### **Finding out how much we have paid into the account**

You can check your payments on account statements. The statements may show your National Insurance (NI) number next to any payments we have made. If you think a payment is wrong, get in touch with the office that pays you straight away.

#### **If we pay you too much money**

We have the right to take back any money we pay that you are not entitled to. This may be because of the way the system works for payments into an account.

For example, you may give us some information, which means you are entitled to less money. Sometimes we may not be able to change the amount we have already paid you. This means we will have paid you money that you are not entitled to.

**We will contact you before we take back any money.**

#### **What to do now**

- Tell us about the account you want to use on the next page. By giving us your account details you:
  - agree that we will pay you into an account, and
  - understand what we have told you above in the section **If we pay you too much money**.
- If you are going to open an account, please tell us your account details as soon as you get them.
- If you do not have an account, please contact us and we will give you more information.

**Fill in the rest of this form. You do not have to wait until you have opened an account or contacted us.**

# PART 10

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## About the account you want to use

- You can use an **account in your name**, or a **joint account**.
- You can use **someone else's account** if:
  - the terms and conditions of their account allow this, and
  - they agree to let you use their account, and
  - you are sure they will use your money in the way you tell them.
- You can use a **credit union account**. You must tell us the credit union's account details. Your credit union will be able to help you with this.
- If you are an **appointee** or a **legal representative** acting on behalf of the customer, the account should be in your name only.

Please tell us your account details below.

**It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.**

You can find the account details on your chequebook or bank statements. If you do not know the account details, ask the bank or building society.

### Name of the account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

### Full Name of bank or building society

### Sort Code

Please tell us all six numbers, for example: 12-34-56.

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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### Account Number

Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

<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"/>
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### Building Society roll or reference number

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.

## PART 11

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### *Other information*

Use this space to tell us anything else you think we might need to know.

If there is not enough space, please continue on a separate sheet of paper. Make sure you put your full name and National Insurance (NI) number on each sheet and sign and date each sheet you use.

Please give us the address of  
your local post office.

Postcode

## ***Declaration***

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- **I understand** that I must promptly tell the office that pays my benefit of anything that may affect my entitlement to, or the amount of, that benefit.
- **I agree that**
  - the Department for Social Development
  - any doctor advising the Department
  - any organisation with which the Department has a contract for the provision of medical services
  - may ask any of the people or organisations mentioned on this form for any information which is needed to deal with this claim for benefit or any requests for this claim to be looked at again and that the information may be given to that doctor or organisation or to the Department.
- **I also understand** that the Department may use the information which it has now or may get in the future to decide whether I am entitled to:
  - **the benefit I am claiming**
  - **any other benefit or entitlement I may have claimed**
  - **any other benefit or entitlement I may claim in the future.**

**This is my claim for Industrial Injuries Disablement Benefit.**

Signature

Date

## PART 13

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### *What to do now*

#### **Check that you**

- have answered all the questions that apply to you.
- signed this form.
- have included your medical report if you already have one. **Do not get a new medical report especially for this claim.**

Send this form back to us as soon as possible. If you delay, you could lose money.

The address is: - The Social Security Agency  
Industrial Injuries Branch  
Castle Court  
Royal Avenue  
Belfast BT1 1SD  
Tel: 028 9033 6000

## PART 14

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### *What happens next?*

- Benefit you can get because of this claim can be paid more quickly if you answer all the questions on this form that apply to you and your partner, if you have one.  
If you cannot do this, get in touch with us, but benefit you can get because of this claim may be delayed.
- We will write to you and tell you that we have got your claim.
- A decision maker will look at your claim.  
*Decision makers* are people who decide if the law says you are entitled to benefit or not.  
They also decide how much benefit the law says you are entitled to.
- To help the decision maker decide on your claim, we may need to get more information. We may need to ask people about your claim. For example, we may write to any employer, doctor or hospital that you have told us about in this form.
- If the decision maker decides that your accident was an industrial accident, we may ask you to go to a medical examination. We will write and tell you where and when to go for the examination. If you are not fit to travel or you are in hospital, we will ask the doctor to come to you.
- If you can get Industrial Injuries Disablement Benefit, we will write and tell you
  - how much money you can get
  - more about the benefit.

If you cannot get Industrial Injuries Disablement Benefit, we will write and tell you the reason and what to do if you disagree.