



**Industrial Injuries Disablement Benefit**  
**for a prescribed industrial disease**

**This form is for claiming Industrial Injuries  
Disablement Benefit for a prescribed disease**

- **Before you fill in this form, please read the notes that came in 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 **BI100PD 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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## *What to do now*

Check that you have

- answered all the questions that apply to you.
- signed this form.
- 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

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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 you have worked in a job which is likely to have caused your disease, 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.
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# PART 1

## About you

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"/>

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

Mr/Mrs/Miss/Dr/Rev/Ms

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

Postcode

Home phone number

Code Number

Daytime phone number (if different)

Code Number

Mobile phone number

Number

Date of birth

/ /

Please tell us about any other personal details you think we should know about in **Part 8 Other Information**.  
For example, other names or any other addresses you have lived at in the last three years.

## PART 2

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

Please read page 4 of BI100PD 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 customer's benefits and deal with social security matters on the customer's 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

Your address

  
  
  
 Postcode

Home phone number

Code                  Number

Daytime phone number (if different)

Code                  Number

Mobile phone number

Number

Letters

Numbers

Letter

National Insurance Number

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

<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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## PART 3

### *About your work and your disease*

- Tell us which disease you have and tell us about the job you were doing which you think caused your disease. Give as much information as you can.
- Please see the list of diseases and jobs you can claim for under the Industrial Injuries Disablement Benefit scheme. You can get the list from our website at [www.nidirect.gov.uk/dbl](http://www.nidirect.gov.uk/dbl). Or, you can get the BI100PD list from Industrial Injuries Branch.
- If you are not sure which disease you should claim for, ask your Social Security or Jobs & Benefits office or Industrial Injuries Branch.

Please state the prescribed disease number, if you know it. You can find a list of prescribed disease numbers on our website or in the **BI100PD** list.

Which disease do you have?

What type of work do you think caused your disease?

Please tell us of any tools used, chemicals you may have come into contact with, or dust or fumes you may have breathed.

If you are claiming for

- **occupational deafness** also complete the form **BI100-OD** supplied with this claim pack
- **allergic rhinitis** or **occupational asthma** also complete the form **BI100-OAE** supplied with this claim pack

Please tell us about all the employers you did this type of work for.

If you need to tell us about more than two employers, tell us about them in Part 8.

	Employer 1	Employer 2
Name and address of the employer where you did the work	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
Employers phone number, (if you know it)	Code <input type="text"/> Number <input type="text"/>	Code <input type="text"/> Number <input type="text"/>
	<input type="text"/>	<input type="text"/>
Workplace	<input type="text"/>	<input type="text"/>
Job	<input type="text"/>	<input type="text"/>
Payroll, staff or other reference number	<input type="text"/>	<input type="text"/>

**PART 3**

*About your work and your disease - continued*

**Employer 1** **Employer 2**

**When did you work there?**

If you are not sure of the date, give an approximate date.

From	To	From	To
/ /	/ /	/ /	/ /

**In which industry or business area is this company involved?**

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**Is this employer still in business?**

No	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>

**On what date do you think you started to suffer from the disease?**

If you are not sure of the date, give an approximate date.

/ /
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**In what way has the disease affected you?**

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## PART 4

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### *About medical treatment*

**Please tell us the name and address of your G.P.**

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

**G.P.'s phone number**, if you know it

Code	Number
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- 
- We may have to ask you to attend a medical examination with a doctor or specialist

**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 dates and times that you may not be able to go to a medical examination in the next 6 months.

**Do you have a medical report about your condition?**

For example, a report from a specialist you have already been to see.

No

Yes  **Please send a copy of the medical report with this form.**



**PART 5**

# About earlier claims for Industrial Injuries Disablement Benefit

Have you ever claimed Industrial Injuries Disablement Benefit before?      No  Go to **Part 6**.  
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?  
 /  /

If you were living at a different address when you claimed, please tell us the address. Tell us even if you lived abroad.  
  
  
  
Postcode

Postcode

- If you need to tell us about more than one address, or more than two claims tell us about them in **Part 8 'Other Information'**.

**PART 6**

***About other benefits and entitlements***

Are you, or your partner if you have one, getting any benefits, allowances or pensions listed below?  No  Yes

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

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

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.

	You	Your partner
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Income-based Jobseekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income-related Employment and Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>
State Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
Any other state benefits, allowance or pension	<input type="checkbox"/>	<input type="checkbox"/>

**Are you getting or are you claiming**

War Disablement Pension?  Percentage disablement  %

Armed Forces Compensation Scheme?  Tariff of disablement

Nature of the injury or disease  Nature of the injury or disease

**If you have ticked any boxes in Part 6, please tell us about the benefits, allowances or pensions below.**

	You	Your partner
Name of the benefit, allowance or pension	<input type="text"/>	<input type="text"/>
Reference number (if you know it)	<input type="text"/>	<input type="text"/>
Date of claim or application	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**PART 6**

*About other benefits and entitlements continued*

	<b>You</b>	<b>Your partner</b>
Address of the office dealing with your claim or application	<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"/>
Name of the benefit, allowance or pension	<input type="text"/>	<input type="text"/>
Reference number (if you know it)	<input type="text"/>	<input type="text"/>
Date of claim or application	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Address of the office dealing with your claim or application	<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 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

<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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Date of birth

## *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 Industrial Injuries Branch, Room 309, Castle Court, Belfast BT1 1SD.

### **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 your 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 Industrial Injuries Branch.

### **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.**

## *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 or names as they appear on the chequebook, passbook 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 eight 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**

<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"/>	<input type="text"/>	<input type="text"/>
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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.

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 8

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### *Other information*

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

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

# Industrial Injuries Disablement Benefit for occupational asthma or allergic rhinitis

If you are claiming Industrial Injuries Disablement Benefit for:

- allergic rhinitis (Prescribed Diseases D4), **or**
- occupational asthma (Prescribed Diseases D7)

please fill in this form and send with a completed **BI100PD** claim form to Industrial Injuries Branch.

Surname or family name

All other names - in full

Letters

Numbers

Letter

National Insurance (NI) Number

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**In any of the jobs you have told us about, were you exposed at any time to any of the things listed on this page or on pages 2 and 3?**

Employer you worked for at the time

a	isocyanates	<input type="checkbox"/>	<input type="text"/>
b	platinum salts	<input type="checkbox"/>	<input type="text"/>
c	fumes or dusts arising from the manufacture, transport or use of hardening agents - including epoxy resin curing agents - based on phthalic anhydride, tetrachlorophthalic anhydride, trimellitic anhydride or triethylenetetramine	<input type="checkbox"/>	<input type="text"/>
d	fumes arising from the use of rosin as a soldering flux	<input type="checkbox"/>	<input type="text"/>
e	proteolytic enzymes	<input type="checkbox"/>	<input type="text"/>
f	animals including insects and other arthropods used for the purposes of research or education or in laboratories.	<input type="checkbox"/>	<input type="text"/>
<b>Note</b> this differs slightly from <b>o</b>			
g	dusts arising from the sowing, cultivation, harvesting, drying, handling, milling, transport or storage of barley, oats, rye, wheat or maize, or the handling, milling, transport or storage of meal or flour made therefrom	<input type="checkbox"/>	<input type="text"/>
h	antibiotics	<input type="checkbox"/>	<input type="text"/>
i	cimetidine	<input type="checkbox"/>	<input type="text"/>
j	wood dust	<input type="checkbox"/>	<input type="text"/>
k	ispaghula	<input type="checkbox"/>	<input type="text"/>

		Employer you worked for at the time
l	castor bean dust	<input type="checkbox"/> <input type="text"/>
m	ipecacuanha	<input type="checkbox"/> <input type="text"/>
n	azodicarbonamide	<input type="checkbox"/> <input type="text"/>
o	animals including insects and other arthropods or their larval forms, used for the purposes of pest control or fruit cultivation, or the larval forms of animal used for the purposes of research, education or in laboratories. <b>Note</b> this differs slightly from <b>f</b>	<input type="checkbox"/> <input type="text"/>
p	glutaraldehyde	<input type="checkbox"/> <input type="text"/>
q	persulphate salts or henna	<input type="checkbox"/> <input type="text"/>
r	crustaceans or fish or products arising from these in the food processing industry	<input type="checkbox"/> <input type="text"/>
s	reactive dyes	<input type="checkbox"/> <input type="text"/>
t	soya bean	<input type="checkbox"/> <input type="text"/>
u	tea dust	<input type="checkbox"/> <input type="text"/>
v	green coffee bean dust	<input type="checkbox"/> <input type="text"/>
w	fumes arising from stainless steel welding	<input type="checkbox"/> <input type="text"/>
x	products made with natural rubber latex	<input type="checkbox"/> <input type="text"/>

**Do you think your asthma was caused by any other substance you were exposed to at work?**

No

Yes

Please tell us about this

**What was the substance**

Please be as precise as possible. General terms such as smoke, fumes or dust will not be good enough.

Which employer or employers were you working for when you were exposed to the substance?  
For example, employer 3.

## 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.

Signature

Date

 /  /

# Industrial Injuries Disablement Benefit for occupational deafness

If you are claiming Industrial Injuries Disablement Benefit for occupational deafness (Prescribed Disease A10) please fill in this form and send it with a completed **BI100PD** claim form to Industrial Injuries Branch, Room 309, Castle Court, Belfast, BT1 1SD. Tel No. 028 9033 6000.

Surname or family name

Mr/Mrs/Miss/Dr/Rev/Ms

All other names - in full

Letters

Numbers

Letter

National Insurance 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"/>	<input type="text"/>
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**Have you used any of these tools or machines or have you worked close to someone using them?**

	Used	Not used but worked close to someone using it Tell us the distance	Number of hours daily	Employer you worked for at the time
<b>Powered, but not hand-powered, grinding tools used on metal other than sheet metal or plate metal</b>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
<b>Band saws, circular saws or cutting discs for cutting metal in the metal founding or forging industries</b>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
<b>Circular saws for cutting products in the manufacture of steel</b>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
<b>Burners or torches for cutting or dressing steel-based products</b>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
<b>Pneumatic percussive tools</b>				
• on metal	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
• for drilling rocks in quarries or under ground	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
• in mining coal or in sinking shafts or for tunnelling in civil engineering works	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
• on stone in a quarry works	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer

# Industrial Injuries Disablement Benefit for occupational deafness continued

Have you used any of these tools or machines or have you worked close to someone using them?

	Used	Not used but worked close to someone using it Tell us the distance	Number of hours daily	Employer you worked for at the time
Machines engaged in cutting, shaping or cleaning metal nails	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
Plasma spray guns to spray molten metal	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
Shot-blasters to carry abrasives in air for cleaning	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
Firearms as a police firearms training officer	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
Vibrating metal moulding boxes in the concrete products industry	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
Circular saws for cutting concrete masonry blocks	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
Automatic moulding, automatic blow moulding or automatic glass pressing and forming machines used in the manufacture of glass containers or hollow ware	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
Spinning machines using compressed air to produce glass wool or mineral wool	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
Continuous glass toughening furnaces	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer

Have you ever worked in textile manufacturing in rooms or sheds where there are machines engaged in:

	Worked in the process	Not worked in the process but worked close to someone else working in it Tell us the distance	Number of hours daily	Employer you worked for at the time
weaving man-made or natural, including mineral, fibres	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
the high speed false twisting of fibres?	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer

# Industrial Injuries Disablement Benefit for occupational deafness continued

Have you ever used or worked close to plant (excluding power press plant) engaged in the forging (including drop stamping) of metal by means of:

	Used	Not used but worked close to someone using it Tell us the distance	Number of hours daily	Employer you worked for at the time
closed or open dies	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
drop hammer	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer

Have you ever used any of these machines, or worked close to someone using these machines, on wood or material composed partly of wood?

Tool or Machine	Used	Not used but worked close to someone using it Tell us the distance	Number of hours daily	Employer you worked for at the time
multi-cutter moulding machine	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
planing machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
automatic or semi-automatic lathes	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
multiple cross-cut machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
automatic shaping machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
double-ended tenoning machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
vertical spindle moulding machines including high-speed routing machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
edge banding machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
bandsawing machines with a blade width of 75mm or more	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
circular sawing machines in the operation of which the blade is moved towards the material being cut	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
chain saw	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer

# Industrial Injuries Disablement Benefit for occupational deafness continued

	Used	Not used but worked close to someone using it Tell us the distance	Number of hours daily	Employer you worked for at the time
Have you ever used, or worked close to, high pressure jets of water, or a mixture of water and abrasive material (high pressure means more than 680 bar)	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>

	Worked in the process	Not worked in the process but worked close to someone else working in it Tell us the distance	Number of hours daily	Employer you worked for at the time
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Air arc gouging	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
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Burning stones in quarries by jet channelling processes	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
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Mechanical cleaning of bobbins	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
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Have you ever worked on gas turbines used for:

• performance testing on test bed	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
• installation testing of replacement engines in aircraft	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
• acceptance testing of Armed Service fixed wing combat planes	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>

Have worked in the area of skid-transfer banks in a steel mill?

No	<input type="checkbox"/>	Number of hours daily	Employer you worked for at the time
Yes	<input type="checkbox"/>	<input type="text"/> hours	<input type="text"/>

Have you ever worked in the area of knockout and shake-out grids in foundries?

No	<input type="checkbox"/>	Number of hours daily	Employer you worked for at the time
Yes	<input type="checkbox"/>	<input type="text"/> hours	<input type="text"/>

Have you ever worked in a ship's engine room?

No	<input type="checkbox"/>	Employer you worked for at the time
Yes	<input type="checkbox"/>	<input type="text"/>

# 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.

Signature

Date



S O C I A L  
S E C U R I T Y  
A G E N C Y

# Industrial Injuries Disablement Benefit

## Notes about claiming benefit for prescribed industrial diseases

- What is Industrial Injuries Disablement Benefit?
- What is a prescribed industrial disease?
- Am I entitled to Industrial Injuries Disablement Benefit?
- When to claim
- About your claim for a prescribed industrial disease
- What happens after we get your claim?
- Other money you may be able to get
- What if the prescribed disease was caused by work before 5 July 1948?
- What if the prescribed disease was caused by work outside the UK or you live outside the UK?
- Where to get help and advice about prescribed industrial diseases
- Help with filling in the form

## What is Industrial Injuries Disablement Benefit?

Industrial Injuries Disablement Benefit is a payment for people who are ill or disabled as a result of an accident, disease or event that happened at work, or in connection with work.

If you want to claim benefit for an industrial accident, you will need to fill in form **BI100A** *Industrial Injuries Disablement Benefit for an accident at work*. You can get it from Industrial Injuries Branch, Castle Court, Belfast BT1 1SD. Tel No. 028 9033 6000 or your local Social Security/Jobs and Benefits office.

## What is a prescribed industrial disease?

The law lists over 70 diseases which can be caused by working in some types of jobs or using particular tools. These diseases are called *prescribed diseases* (PDs).

There is a list of the prescribed diseases and jobs you can claim for under the Industrial Injuries Disablement Benefit scheme enclosed.

Or you can get the **BI100PD list** from Industrial Injuries Branch or your local Social Security/Jobs and Benefits office.

# Am I entitled to Industrial Injuries Disablement Benefit?

You may be entitled to this benefit if you are disabled because of a disease caused by your work.

You are not entitled to Industrial Injuries Disablement Benefit if you were self-employed when you got the disease.

You may not be entitled to Industrial Injuries Disablement Benefit if the disease is not shown on the list of prescribed diseases, or if your job is not listed against the disease.

There are special rules for some prescribed diseases.

If you are not sure if you can claim, contact Industrial Injuries Branch.

There are also time limits on 3 prescribed diseases.

## **A10 - occupational deafness**

You must have worked for at least 10 years in at least one of the jobs on the list which are known to cause deafness. The work must have been within five years of the date that you claim. You may also be able to get benefit if you worked very close to someone else who was doing a job on the list which is known to cause deafness.

## **D7 - occupational asthma**

At some time in the 10 years before your date of claim, you must have been in contact, at work, with a substance on the list that caused your asthma.

# Am I entitled to Industrial Injuries Disablement Benefit? continued

## **D12 - chronic bronchitis or emphysema or both**

You must have worked underground in a coal mine for a period or periods which add up to at least 20 years. You can have worked for more than one employer. The 20 years does not have to be one unbroken period. We can usually ignore short breaks in your work of less than three months.

From 21 July 2008 you may also be able to get benefit if you worked on the surface of a coal mine as a screen worker. But you must have worked there before 1983 for a period or periods which add up to 40 years.

**The amount you get depends on how seriously you are disabled.** We usually need you to go to a medical examination. We may need you to take a breathing test or a hearing test and we may need to have an x-ray. But we will not send you for an x-ray if:

- you have had an x-ray within a specific period of time, and
- the medical examiner can get a copy of it.

The doctor who examines you will tell us how seriously you are disabled and how long you are expected to be disabled.

You can only get Industrial Injuries Disablement Benefit if you became disabled because of work done for an employer on or after 5 July 1948.

## **When to claim**

If you become disabled because of a prescribed disease, claim Industrial Injuries Disablement Benefit straight away. But usually you will not be entitled to benefit for 90 days after the date that the disease started. If you delay you may lose some benefit.

## Signing the form for someone else

The claim form should only be signed by someone else if:

- the person who is making the claim is not mentally able to act on their own behalf, **and**
- someone is willing to act on their behalf in all social security matters, including telling us about any change in their circumstances and collecting money for them.

Someone accepted by the Department to act on a person's behalf is known as the *appointee*.

A person who is physically disabled but mentally able will not normally need someone to act for them.

If someone has power of attorney or legal authority to act on behalf of the person making the claim, then the person with power of attorney or legal authority must:

- sign the claim form, **and**
- send us a copy of the legal authority with the claim form.

The copy of the legal authority must be certified and signed by a solicitor as a true copy.

## About your claim for a prescribed industrial disease

### Claiming Industrial Injuries Disablement Benefit

To claim Industrial Injuries Disablement Benefit you will need to answer all questions on the form **BI100PD** and sign the form at **Part 9**.

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.

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.

If you cannot do this, get in touch with us, but benefit you can get because of this claim may be delayed.

If you are making a claim for prescribed disease:

- **A10 - occupational deafness**, also complete the attached form **BI100 OD**.
  - **D4 - allergic rhinitis**, or **D7 - occupational asthma**, also complete the attached form **BI100 OAE**.
- Send these forms back to us straight away. If you delay you could lose money.

## What happens after we get your claim for benefit

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 the claim form.

If the decision maker decides that you have worked in a job which is likely to have caused your disease, we may ask you to go to a medical examination. We will write and tell you where and when to go for the examination.

Please tell us any date and times that you may not be able to go to a medical examination in the next 6 months. For example, holidays and hospital appointments.

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.

## Other money you may be able to get

### **Reduced Earnings Allowance (REA)**

If you cannot do your usual job or other work with similar pay because of a disease caused by work and your illness or disability started before 1 October 1990, you may be able to claim Reduced Earnings Allowance.

### **Constant Attendance Allowance (CAA)**

If you get Industrial Injuries Disablement Benefit at the 100% rate and need daily care and attention, you may be able to get Constant Attendance Allowance. CAA is paid at four different rates. You will be considered for CAA automatically. You do not need to make a separate claim.

### **Exceptionally Severe Disablement Allowance (ESDA)**

If you get one of the two higher rates of CAA and you need permanent and constant care and attention, you may also get Exceptionally Severe Disablement Allowance.

### **Additional payment for people if their employer has gone out of business**

People who suffer from some industrial diseases caused by specific dusts can get help under the Pneumoconiosis etc (Workers' Compensation) Order 1979. You can make a claim if you cannot get damages from the employers who caused or contributed to the disease.

The diseases you can claim for are:

- diffuse mesothelioma
- pneumoconiosis (including asbestosis, silicosis and kaolinosis)
- diffuse pleural thickening
- primary carcinoma of the lung if accompanied by asbestosis or diffuse pleural thickening
- byssinosis

If a person has:

- suffered from one of these diseases, **and**
- has died,

their dependants can make a claim.

If you think you may be entitled to a payment, contact

Industrial Injuries Branch  
Castle Court  
Belfast  
BT1 1SD  
Tel No. **028 9033 6000**

Do not wait for a decision on your claim under the Industrial Injuries Disablement Benefit scheme before you make a claim for this additional payment. If you wait more than 12 months to claim for this additional payment we might not be able to pay you.

If your disease was caused by work before 5 July 1948 or your disease was caused by work outside the UK, or you live outside the UK, please contact Industrial Injuries Branch.

## Where to get help and advice about prescribed industrial diseases

If you want general information about Industrial Injuries Disablement Benefit contact Industrial Injuries Branch.

Or you can ring the Benefit Enquiry Line for people with disabilities. The number is **0800 22 06 74**. You can also contact an advice centre like the Citizens Advice Bureau.

If you have speech or hearing difficulties you can contact us using a textphone on **028 9033 6206**. If you do not have your own textphone system, you may be able to find one in your local library or Citizens Advice Bureau.

For more information about benefits and services visit our website at **[www.nidirect.gov.uk](http://www.nidirect.gov.uk)**

## Help with filling in the form

If you want help filling in the claim form or any part of it, phone **0800 22 06 74**. The person you speak to will arrange for someone to phone you back. The person who calls you back is specially trained to help you fill in these forms. They will have a copy of the claim form and they will go through it with you over the phone. Or they can fill in a claim form for you.

If they fill in the claim form for you, they will send it to you. You can then check, sign and send it back to Industrial Injuries Branch.