

Your claim for Incapacity Benefit



SOCIAL
SECURITY
AGENCY

Important

Are you claiming benefit on or after 27 October 2008?

No Please keep filling out this form.

Yes Please phone **0800 085 63 18**.
You may have to claim a new benefit called Employment and Support Allowance instead of Incapacity Benefit. The person you speak to will tell you the right benefit to claim.

Before you fill in this form please read the **SC1 Notes** that come in this pack. To help you decide whether you should complete this form or not, answer the questions below and follow the instructions.

Do you have any special medical treatment?

By *special medical treatment* we mean

- dialysis
- radiotherapy
- chemotherapy

No Please go to the next question.

Yes Please go to the next page.

- plasmapheresis
- total parenteral nutrition for gross impairment of enteric function.

To find out more, please read **page 3** of **SC1 Notes**.

Do you work for an employer?

No Please go to the next page.

Yes If you have more than one job, please tell us how many below.

Has your employer given you a form SSP1?

No You may be able to get Statutory Sick Pay (SSP) instead of Incapacity Benefit. Ask your employer about SSP before you fill in this form.

Yes You must send us a **separate** form **SSP1** for **each** job you have. Please go to **page 2**.

SC1 04/10

You asked for this claim on

We will take this as the date we **received** your claim as long as we get this form back by

If you do not get this form back to us by this date you may lose money.

Remember to allow a few days for the forms to reach us by post.

How to fill in this form

There are 3 sections in this form.

- **Everyone must fill in Sections 1 and 3.**
- You only need to fill in **Section 2** if you want to claim extra Incapacity Benefit for another adult.

Benefit you may get because of this claim will be paid more quickly if you

- answer all the questions on this form that apply to you or the person you are claiming an increase of benefit for, **and**
- provide all the documents we ask for, **and**
- attend work focused interviews when we ask you to.

If you cannot do this, get in touch with us straight away.

If you do not get in touch with us, you may lose benefit.

If you need help to fill in this form

If you need help to fill in this form, you can ask someone else to fill it in for you, or you can contact your local Jobs & Benefits or Social Security office.

Filling in this form for someone else

If you are filling this form in for someone else, see **Section 3, Part 20**. Please remember to fill in the rest of the form with their details, not yours.

Work-focused Interviews

You may have to attend a Work-focused Interview with a personal advisor. If you do not attend without good reason your benefit may be affected.

Section 1 Claiming for yourself

Part 1 About you

Surname or family name

Mr/Mrs/Miss/Ms

Other names

Any other surnames you have been known by

Address

Postcode

Address, if different in the last 3 years.

If you need to tell us about more than one address, use the space in **Part 19**.

Postcode

Daytime phone number

if you have one

Code Number

What is this number?

Please tick.

Home Work Mobile Fax

Daytime textphone number

for people with speech or hearing problems

Code Number

Date of birth

/ /

Letters Numbers Letter

National Insurance (NI) number

You can get this from your NI number card, letters about your benefit or payslips.

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

No

Yes

Marital or civil status

married or civil partner widowed or surviving civil partner

separated single divorced or civil partnership dissolved

- Please tell us about any other personal details you think we should know about in **Part 19 Other information**. For example, other names or other previous addresses.

Do you think your illness or disability is because of an accident at work while working for an employer?

No

Yes

You may be able to get Industrial Injuries Disablement Benefit. We will send you a leaflet about Industrial Injuries Disablement Benefit to read. This will tell you about the benefit and how to claim it.

Do you think your illness or disability is because of an industrial disease caused by work, while working for an employer?

No

Yes

You may be able to get Industrial Injuries Disablement Benefit. We will send you a leaflet about Industrial Injuries Disablement Benefit to read. This will tell you about the benefit and how to claim it.

If you are not sure whether the disease you have is an industrial disease, tick **Yes**.

Are you registered blind with a Health and Social Care Board?

No

Yes

Please tell us the name of the Board you are registered with?

Special Rules

Special rules apply to people who are not expected to live longer than 6 months because of an illness.

If you claim under special rules, **you will be able to get your benefit more quickly and easily.**

Do you think that the special rules apply to you?

No

Yes

The *Special Rules* are explained on **page 6** of **SC1 Notes**.

Ask your doctor or specialist for a **DS1500 Report**.

The **DS1500 Report** is a report about your medical condition. You will not have to pay for it.

You can ask the doctor's receptionist, or nurse or a social worker to arrange this for you. You do not have to see the doctor. You should be given the **DS1500 Report** straight away. Ask for the report in a sealed envelope if you do not want anyone to see it.

If you cannot get your **DS1500 Report** in time, claim Incapacity Benefit anyway. Then give us the **DS1500 Report** as soon as you can.

Have you already asked for a **DS1500 Report** for your claim for Disability Living Allowance?

No

Yes

You do not need to get another **DS1500 Report**. Send the **DS1500 Report** with your claim for Disability Living Allowance.

Have you already sent the **DS1500 Report** with your claim for Disability Living Allowance?

No

Yes

Have you worked as or been classed as a self-employed person in the 21 weeks before the date you are claiming Incapacity Benefit from?

No Please go to **Part 4**.

Yes Please tell us about this self-employed work.

What is your usual occupation?

Please give brief details of the work you normally do.

Period of self-employment

from / / to / /

How many hours a week do you normally work?

hours

Have you stopped working as a self-employed person?

No

Yes What date did you last work?

/ /

Do you also work for an employer?

No

Yes Please go to **Part 4**.

Are you a company director?

No Please go to **Part 5**.

Yes Please provide form **SSP1**.
Please go to **Part 4**.

Employer 2

Employer's name and address

Postcode

Phone number

Code	Number
------	--------

Fax number

Code	Number
------	--------

Job title

--

Pay reference or staff number

--

What were the main activities of the job?

--

Period of employment

from	/ /	to	/ /
------	-----	----	-----

Hours worked each week

	hours
--	-------

Employer 3

Employer's name and address

Postcode

Phone number

Code	Number
------	--------

Fax number

Code	Number
------	--------

Job title

--

Pay reference or staff number

--

What were the main activities of the job?

--

Period of employment

from	/ /	to	/ /
------	-----	----	-----

Hours worked each week

	hours
--	-------

- If you worked for or have been employed by more than 3 employers in the 21 weeks before your illness or disability began, tell us about the other employers in **Part 19 Other information**.

What was the last date you

- worked for an employer, **or**
- worked as a self-employed person, **or**
- claimed Jobseeker's Allowance, **or**
- got National Insurance (NI) credits because you attended a Social Security or Jobs & Benefits office?

 / /

Are you claiming Jobseeker's Allowance at a Social Security or Jobs & Benefits office?

No

Yes Fill in your **JS40** and send it back to the Social Security or Jobs & Benefits office straight away.
This will help us to deal with your claim more quickly.

Are you getting National Insurance (NI) credits only, because you attend a Social Security or Jobs & Benefits office?

No

Yes Fill in your **JS40** and send it back to the Social Security or Jobs & Benefits office straight away.
This will help us to deal with your claim more quickly.

Did you work a night shift which included midnight on the date you last worked?

No

Yes Please tell us about it below

What date and time did you start the shift?

 / / am/pm

What date and time did you finish the shift?

 / / am/pm

Do you know when you will be well enough to work again?

No

Yes Tell us when you will be well enough to work.

 / /

Are you going to go back to work?

No

Yes What date will you go back to work?

 / /

Will you go back to work on a night shift which includes midnight?

No

Yes Please tell us about it below

What date and time will you start the shift?

 / / at am/pm

What date and time will you finish the shift?

 / / at am/pm

Are you getting any other benefits?

Tick **Yes** even if you are waiting to hear about a benefit.

For example,

- Bereavement benefits
- Employment and Support Allowance
- Guardian's Allowance
- Income Support
- Jobseeker's Allowance
- Maternity Allowance
- State Pension
- Training Allowance
- Unemployability Supplement
- War Widow's Pension
- Widow's Benefit

Tick **No**, if you just get Child Benefit. We will ask you about this later in the form.

If you are getting more than 5 benefits, tell us about them in **Part 19 Other information**.

No

Yes

Please tell us about the benefits below.

Name of benefit

Reference number, if known

Name of benefit

Reference number, if known

Name of benefit

Reference number, if known

Name of benefit

Reference number, if known

Name of benefit

Reference number, if known

Are you or your partner currently getting Return to Work Credit?

No

Yes

Did you or your partner get Return to Work Credit in the last 3 months?

No

Yes

What was the date of the last payment?

Are you, or your partner getting or waiting to hear about State Pension Credit?

No

Yes Please tell us how much is paid and how often.

£ every

Have you ever made a claim for Carer's Allowance?

Tick **Yes**, even if you did not get Carer's Allowance.

No

Yes Please tell us the date you made this claim.

/ /

Have you been paid any Statutory Maternity Pay (SMP) by an employer?

No

Yes If this has now stopped, please give the date of the last payment.

/ /

Have you been paid any Statutory Adoption Pay (SAP) by an employer?

No

Yes If this has now stopped, please give the date of the last payment.

/ /

Have you qualified for a disability element of Working Tax Credit?

Tick **Yes**, even if it was not paid.

No

Yes What period was it awarded for?

From / / To / /

Have you been getting Working Tax Credit or Child Tax Credit at a higher rate than the family element, up to the day before the date you are claiming Incapacity Benefit from?

Tick **Yes**, if you are not sure of the dates.

No

Yes

Are you getting the highest rate care component of Disability Living Allowance?

No

Yes

Have you claimed Disability Living Allowance but not yet heard if you will get it?

No

Yes

Are you getting Industrial Injuries Disablement Benefit?

No

Yes

**Are you getting a War
Disablement Pension?**

No

Yes

**Is anyone getting extra money
added onto their social security
benefit for you?**

Tick **Yes**, if anyone is waiting to hear about getting extra money added onto their social security benefit for you.

No

Yes

Please tell us about the person who is getting, or waiting to hear about getting this extra money.

Their surname

Mr/Mrs/Miss/Ms

Other names

Address

Postcode

Their National Insurance (NI)
number

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

Please tell us which benefits they are getting or waiting to hear about.

We need to know about time you have spent abroad.

We use *abroad* to mean any country outside the United Kingdom (UK).

The *UK* is England, Scotland, Wales and Northern Ireland, including territorial waters next to the UK. But the UK does not include the Isle of Man or the Channel Islands.

Have you been abroad at any time during the 5 years before the date you are claiming Incapacity Benefit from?

Tick **No**, if you went abroad just for a holiday.

No

Yes Which countries did you go to, and when?

Country

From / / To / /

Country

From / / To / /

Have you been abroad at any other time?

Tick **No**, if you went abroad just for a holiday.

No

Please go to **Part 7**.

Yes

Which countries did you go to, and when?

Country

From / / To / /

Country

From / / To / /

Tick the description that applies to your time abroad.

I worked for an overseas employer

I worked for a UK employer

I was self-employed

I was getting money from a social security scheme of the country I was staying in

Other – please give details below

Name and address of your employer while during the time you were abroad

If you worked for more than one employer, tell us about the other employers in **Part 19 Other Information**.

Where did you last pay a contribution towards a State Insurance Institution?

Country

We need to know about any pension income that you have as it may affect the amount of benefit you can get. Please provide proof of your pension income.

For information on pension providers, pension income and how it may affect you, please read **page 7** of **SC1 Notes**.

Are you waiting to hear about any pension income?

No

If **Yes**, let us know as soon as your pension income has been awarded.

Yes

Do you have any pension income?

No

If you have answered **No** to **both** of the above questions go to **Permanent health insurance** on **page 17**.

Yes

Please tell us about it below.

Please send us proof of your pension income. For example

- a letter of entitlement from your employer or insurance company that pays the pension
- a payment advice notice from your pension provider
- a current wage slip showing details of your pension income

Send us the original documents. Do not send us photocopies.

If you do not send proof of your pension income, you may lose benefit.

Your first (or only) personal pension income

Please tell us the name and address of your pension provider

Postcode

Please tell us your pension provider's phone number

Code	Number
------	--------

What is your pension reference number?

On what date did your pension start?

 / /

How much pension is due to you **before** any deductions?

 £

How much pension are you paid **after** any deductions?

 £

How often is your pension paid?

For example weekly, four-weekly, monthly, quarterly.

When is the amount of your pension due to change?

For example 1 May.

When will you get the first payment which includes the change?

For example 15 May.

Your second personal pension income

Please tell us the name and address of your pension provider

Postcode

Please tell us your pension provider's phone number

Code	Number
------	--------

What is your pension reference number?

On what date did your pension start?

How much pension is due to you **before** any deductions?

 £

How much pension are you paid **after** any deductions?

 £

How often is your pension paid?
For example weekly, four-weekly, monthly, quarterly.

When is the amount of your pension due to change?
For example 1 May.

When will you get the first payment which includes the change?
For example 15 May.

Pension paid to you as a beneficiary

Do you get any pension paid to you as a beneficiary, because of the death of a member of a pension scheme?

No

Yes Please tell us about it below.

Name and address of the pension provider

Postcode

The pension provider's phone number

Code	Number
------	--------

How much is the pension **after** any deductions?

 £

How often is your pension paid?
For example weekly, four-weekly, monthly, quarterly.

If you qualify for Incapacity Benefit, it may affect the amount of income tax you have to pay.

Your answers to these questions will not affect whether you get Incapacity Benefit, but they will help us to try to make sure you are given the right tax code and that you pay the right amount of tax.

Tax district and tax reference number

You can find this above your National Insurance (NI) number on HM Revenue & Customs tax forms. Or you can ask your employer or your pension provider. Even if you do not know your tax reference number, send this form back to us straight away.

Will your employer keep paying you while you are off work because of your illness or disability?

No

Yes

If you are self-employed will your business now stop because of your illness or disability?

No

Yes

Blind person's personal income tax allowance

Are you registered or certified as blind or severely sight impaired with a Health and Social Care Board?

No Go to Your P45.

Yes Please go to the next question.

Do you want to claim Blind person's personal income tax allowance?

No

Yes

Your P45

Do you have a form P45?

No

Yes Please send it to us.

Section 2 Claiming extra benefit for another adult

Do you want to claim extra Incapacity Benefit for

- your spouse, or
- your civil partner, or
- someone who looks after children or qualifying young persons for you?

No Please go to the next question.

Yes Please fill in **Parts 10 to 16** of this section.

To find out more about claiming extra benefit for another adult see **SC1 Notes**.

Do you want to claim extra Incapacity Benefit for someone who

- does not live with you, and
- you employ to look after children or qualifying young persons for you?

No Please go to **Part 18**.

Yes Please fill in **Parts 16 and 17** of this section.

Tick **Yes** if you employ an organisation to look after children or qualifying young persons for you.

We use *child* to mean a person aged under 16 who you are getting Child Benefit for

We use *qualifying young person* to mean a person aged 16, 17, 18 or 19 who you are getting Child Benefit for.

Please tell us about the other adult you want to claim extra Incapacity Benefit for.

By *other adult* we mean your spouse or civil partner or someone who looks after children or qualifying young persons for you.

Their surname

Mr/Mrs/Miss/Ms

Their other names

Their date of birth

/ /

Letters

Numbers

Letter

Their National Insurance (NI) number

What date do you want to claim extra Incapacity Benefit from?

/ /

Is the other adult living with you now?

No

Yes

Do they normally live at a different address to you?

No

Yes Please tell us about this.

Their address

Postcode

Do you send any money to this person?

No

Yes How much do you send each week?

£

What date did you start making these payments?

/ /

If you are claiming for your spouse or civil partner

We need to see

- your marriage or civil partnership certificate, and
- the birth certificate of your spouse or civil partner.

Please enclose the certificates with this form, if you have them.

Before you send the certificates to us, please write on the back (in pencil)

- your name
- your address
- your National Insurance Number

We will send them back to you as soon as we can. If you do not have the certificates, we will write to tell you what to do. But do not delay sending back this form.

If you want, you can bring the certificates to the Benefit Shop, Royal Avenue, Belfast or your local Social Security or Jobs & Benefits office. We will give the certificates straight back to you after we have seen them.

Remember

- we need to see the real certificates, not photocopies
- if you do not provide all the documents we ask for, benefit you can get because of this claim may be delayed.

Are you sending your marriage certificate or civil partnership certificate with this form? No Yes

Are you sending the birth certificate of your spouse or civil partner with this form? No Yes

If you have ticked No to either of these questions, please tell us why you cannot let us see the certificate or certificates.

For office use

Date of marriage or formation of civil partnership		Spouse or civil partner's date of birth	
Previous surname		Evidence seen	
Evidence seen		Verified by	
Verified by		Checked by	
Checked by		Certificate(s) returned by	
Certificate(s) returned by		on (date)	
on (date)			

Is the other adult working for an employer?

No Please go to **Part 12**.

Yes Please tell us about each employer.

Employer 1

Employer's name and address

Postcode

Phone number

Code	Number
------	--------

Fax number

Code	Number
------	--------

Payroll, staff or other reference number

--

Their weekly earnings after income tax and National Insurance (NI) contributions are taken off.

Include

- earnings or fees as a director
- maternity pay
- holiday pay
- bonus payments
- regular tips
- Statutory Adoption Pay (SAP)
- Statutory Maternity Pay (SMP)
- Statutory Paternity Pay (SPP)
- Statutory Sick Pay (SSP).

£	a week
---	--------

Please provide their payslips that cover the previous 5 weeks. You must remember to provide all the documents we ask for. If you do not, benefit you can get because of this claim may be delayed.

Is payment of Working Tax Credit included in the earnings?

No

Yes Please tell the weekly amount

£	a week
---	--------

Please tell us about any items or services the employer provides.

For example, special clothing.

--

Please give details of the weekly amount of any expenses connected with their work.

Do not include travelling expenses to and from their place of work.

--

Is the other adult off work because of an illness or disability, maternity leave or a trade dispute?

No Please go to **Part 12**.

Yes What date did they last work?

Are they getting any payments from their employer while they are off work?

Include

- maternity pay
- Statutory Adoption Pay (SAP)
- Statutory Maternity Pay (SMP)
- Statutory Paternity Pay (SPP)
- Statutory Sick Pay (SSP).

No

Yes How much are they getting each week?

Any money paid by the Department for Social Development or any other government department to the other adult may affect the amount of extra Incapacity Benefit that you can get.

Money paid to the other adult for

- you, or
 - anyone you are claiming for
- may also affect the amount of extra Incapacity Benefit that you can get.

Please tell us about this money below. Include benefits, state pensions or allowances from the Department for Social Development or any other government department. But do not tell us about any Child Benefit you have already told us about on this form.

Benefit 1

Name of benefit

Who is the benefit paid to?

Benefit reference number

This is on letters about the benefit.

How much is paid each week?

 a week

Which office deals with the benefit?

Benefit 2

Name of benefit

Who is the benefit paid to?

Benefit reference number

This is on letters about the benefit.

How much is paid each week?

 a week

Which office deals with the benefit?

If you need to tell us about more than 2 benefits, use the space in **Part 19**.

You cannot claim extra benefit for children or qualifying young persons but you can claim Child Tax Credit instead. To find out more about Child Tax Credit see **SC1 Notes**.

Before we can pay extra money for another adult, we need you to tell us about children or qualifying young persons and Child Benefit.

Are you or anyone who lives with you getting Child Benefit?

No

Yes Please tell us about this.

Amount each week

Reference number

£

£

You will find the reference number on letters sent to you about Child Benefit.

Please tell us who is getting Child Benefit.

You

Your spouse or civil partner who lives with you

Your spouse or civil partner who does not live with you

Your ex-spouse or ex-civil partner

Someone who looks after children or qualifying young persons for you

Not known

Please tell us about each child or qualifying young person you are getting Child Benefit for. If you need to tell us about more than 6 children or qualifying young persons please use the space in **Part 19**.

Surname	Other names	Date of birth	Relationship to you		
			Male or female	For example, son, niece, grandson, stepdaughter or none	
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Do any of these children or qualifying young persons have a parent who lives with you who is not your spouse or civil partner?

No

Yes

Please tell us the name of these children or qualifying young persons.

Please tell us about any changes there are likely to be in the next 2 months that might make a difference to the amount of Child Benefit that is being paid.

For example, if a child or qualifying young person is leaving school.

The changes you must tell us about are listed in the notes sent to you about Child Benefit.

Are you or your spouse or civil partner, getting a family benefit for a child or qualifying young person from another country?

No

Yes

About someone who does not live with you and you employ to look after children or qualifying young persons for you

Do you want to claim extra Incapacity Benefit for someone who

- does not live with you, and
- you employ to look after children or qualifying young persons for you?

Tick **Yes** if you employ an organisation to look after children or qualifying young persons for you.

No Please go to **Section 3**.

Yes Please tell us about this.

What is their name and address?

Postcode

What date do you want to claim extra money from?

/	/
---	---

How much do you pay the person or organisation who looks after children or qualifying young persons for you each week?

£		a week
---	--	--------

Please give details of any expenses you have in connection with the care of your children or qualifying young persons.

--

Section 3 More information we need

Part 18 How we pay you

You can choose how often you want us to pay your benefit.

How often do you want us to pay your benefit?	Every 13 weeks	<input type="checkbox"/>
	Every 4 weeks	<input type="checkbox"/>
	Every 2 weeks	<input type="checkbox"/>

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.

Please read page 2 of SC1 Notes.

Even though you can fill in this form for another adult, they must still sign it themselves unless one or more of the following apply.

I am signing this form on their behalf because

I have Power of Attorney for them.

Please send us your power of attorney document or certified copy with this claim form. Remember to sign the **Declaration at Part 21.**

I am a receiver for them under a Court of Protection Order, or in Scotland a tutor, curator or guardian appointed in terms of the law.

Please send us the relevant document or certified copy with this claim form. Remember to sign the **Declaration at Part 21.**

The Department for Social Development has already appointed me to get their benefits and to deal with letters about their benefits.

We will send all letters about this claim directly to you.

They cannot manage their own affairs because of a mental illness or a mental disability.

We will get in touch with you about this. The Department for Social Development may appoint you to get their benefits and to deal with letters about their benefits.

They are so ill or disabled they find it impossible to sign for themselves.

We will get in touch with you about this.

If the person does not know you are signing this form for them, please tell us why.

Your name

Mr/Mrs/Miss/Ms

Date of birth

/
/

Letters

Numbers

Letter

National Insurance (NI) number

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

Your address

Postcode

Daytime phone number

Code

Number

What is this number?
Please tick.

Home

Work

Mobile

Fax

- **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.

Under section 15 of the Social Security Fraud Act (Northern Ireland) 2001 it is an offence to fail to notify a change in circumstances promptly. Failure to tell us about a change in your circumstances promptly may result in action being taken against you.

- **I agree** that
 - the Department for Social Development
 - any approved healthcare professional advising the Department 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
 - any request for this claim to be looked at againand that the information may be given to that approved healthcare professional 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 I have claimed
 - any other benefit I may claim in the future.
- **I agree** to my doctor, or any doctor who has been treating me, being informed about the Department's determination on incapacity for work.

This is my claim for Incapacity Benefit.

Signature

Date

Please make sure that you

- have answered all the questions on this form that apply to you, and
- you have signed and dated this form, and
- check you are providing all the documents we have asked for. Use the check list at **Part 25**.

This form and any documents we have asked you for are needed by Incapacity Benefits Branch to process your claim.

Do not delay in making your claim to benefit. If you wait you could lose money. Please note that benefit cannot be paid for a period more than **3 months before** the date we **get** your claim.

Could you be entitled to **Income Support**? Please see the **tear-off** on the **back page**.

Part 23 What happens next

If you can get Incapacity Benefit

we will write and tell you

- how much you can get
- more about the benefit.

Benefit you may get because of this claim will be paid more quickly if you

- answer all the questions on this form that apply to you or the person you are claiming an increase of benefit for, and
- provide all the documents we ask for.

If you cannot do this, get in touch with us straight away. If you do not, you may lose benefit.

If you cannot get Incapacity Benefit

we will write and tell you the reason.

Part 24 Help and advice

For information about your own claim, get in touch with:

Incapacity Benefits Branch

Castle Court

Royal Avenue

Belfast BT1 1SB

Telephone number 028 9033 6000.

It is Agency policy to provide you with all of the information, advice and help to complete any Social Security benefit claim form. Please feel free to contact your nearest Social Security or Jobs & Benefits office, Community Benefit Office or the Benefit Shop, Royal Avenue, Belfast. If you would like further information about disability benefits, you can also contact the Benefit Enquiry Line. The telephone number is **0800 220 674**.

However, if you do not want to make use of our services, you may be able to get help from a friend, relative or an Advice Centre.

You can also find out more about the Social Security Agency's benefits and services at **www.nidirect.gov.uk**.

Part 25 **Check list**

Please read the following list.

Tick the boxes to show which documents you are enclosing.

Your birth certificate

Proof of your pension income

Spouse or civil partner's birth certificate

Proof of pension income for your spouse, civil partner or someone looking after a child or qualifying young person for you

Marriage or civil partnership certificate

Medical statement

Details of education, training or apprenticeship

SSP1

Payslip for your spouse, civil partner or someone looking after children or qualifying young persons for you

P45

Could you be entitled to Income Support?

Check the tear-off on the back page of this claim form. Do not wait until you hear from us about this claim to Incapacity Benefit.

You could lose out on money you are entitled to.

Part 26 **How we collect and use information**

We, the Department for Social Development (DSD), collect information to deal with Social Security, Child Support, employment and training, urban regeneration, housing and community development. The information we collect about you depends on the type of your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we have. We may get information about you from other people and certain other organisations. We may give information to certain other organisations, as the law allows, to:

- check the accuracy of information;
- prevent or detect crime;
- protect public funds in other ways; and
- use in research or statistics.

These other organisations include other government departments, authorities administering Housing Benefit, and private-sector bodies such as banks and organisations that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department for Social Development is the Data Controller for the purposes of the Data Protection Act.

If you want to know more about what information we have about you, or the way we use your information, please contact us. You can contact any of our offices and ask for leaflet *Data Protection Act 1998 - It affects you*. Or you can find a copy of the leaflet on our website. The address is www.dsdni.gov.uk.

For Social Security/Jobs & Benefit office use only

Identity confirmed?

No Yes

What evidence seen

Initials & Date

/ /

Office Stamp



Could You Be Entitled To Income Support?

Do not wait until you hear from us about your Incapacity Benefit, or you could lose out on money you are entitled to.

If you are waiting for a decision about Incapacity Benefit or if your Incapacity Benefit does not give you enough money to live on, you may be able to get Income Support if:

- you (and your partner if you have one) have savings of less than £16,000.
- your partner (if you have one) works less than 24 hours a week;
- you or your partner (if you have one) are not already claiming Income Support.

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.

To make a claim to Income Support you can

- phone your local Social Security or Jobs & Benefits office for a claim form,

OR

- complete the section below, tear off this page **AND** bring it by hand, or post it to your local Social Security or Jobs & Benefits office immediately. You will find their address in the business section of the Telephone Directory under "Government".

Income Support can only be considered from the date of your phone call or the date this tear-off is received in a Social Security, Jobs & Benefits office or any office of the Department for Social Development.

Do not delay - You may lose out on money you are entitled to!

I would like to make a claim to Income Support. Please send me an Income Support Claim form.

Surname: _____ **First name:** _____
(Mr/Mrs/Miss/Ms)

Address: _____

Postcode: _____

Telephone Number: _____ **Date:** _____

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"/>
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To help us process your claim, please tick if you pay:

Rent

Rates

Mortgage

Now bring or send this completed tear-off to your local Social Security or Jobs & Benefits office.

