

Claim form and notes about how to claim

Industrial Injuries Disablement Benefit for occupational deafness

jobcentreplus

**Please read the notes before
you fill in this form.**

- **About this claim**
- **About this benefit**
- **Other money you may be able to get**
- **Help and advice**
- **Help with filling in this claim form**

Industrial Injuries Disablement Benefit for occupational deafness

About this claim

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.

Send this form back to us straight away. If you delay, you could lose money.

If you are deaf because of an accident at work, do not fill in this form. Get in touch with your local office. They will give you a different form to fill in.

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.

About this benefit

You may be able to get Industrial Injuries Disablement Benefit if you are deaf because you worked for an employer in certain noisy jobs for a number of years. Before you fill in this form, please read leaflet **SD6** *ill or disabled because of a disease or deafness caused by work*.

Leaflet **SD6** gives you general information about Industrial Injuries Disablement Benefit and tells you about other benefits you may be able to get.

You cannot get Industrial Injuries Disablement Benefit for occupational deafness if

- you are deaf because of illness or old age, **or**
- you last worked in one of the jobs known to cause deafness more than 5 years ago, **or**
- you have not worked in one or more of the jobs known to cause deafness for a combined total of at least 10 years, or
- you were self-employed in the work which caused your deafness, **or**
- you cannot satisfy the deafness rules which are shown in leaflet **SD6**.

Other money you may be able to get

Constant Attendance Allowance

You may be able to get Constant Attendance Allowance if your disablement is assessed at 95% or more. This allowance will be considered automatically. You do not have to make a separate claim. You can find out more about this in leaflet **SD6**.

Help and advice

If you want general information about Industrial Injuries Disablement Benefit

- ring the Benefit Enquiry Line for people with disabilities. The number is **0800 88 22 00**. If you have problems with hearing or speaking and use a textphone, you can ring **0800 24 33 55**. If you do not have your own textphone system, they are available in some libraries and Citizens Advice Bureau.
- get in touch with your local office. You can find the phone number and address on the advert in the business numbers section of the phone book. Look under **Jobcentre Plus** or **Social Security**.
- get in touch with an advice centre like the Citizens Advice Bureau.

Help with filling in this claim form

If you want help filling in this claim form or any part of it, phone **0800 88 22 00**. 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. They can send you a completed claim form in braille or large print. They will send you an envelope. It will not need a stamp.

Please tear off this page and keep it for your information

Part 1 About you**Please tell us about yourself****Surname or family name**

Mr/Mrs/Miss/Ms/Dr/Rev

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

Daytime phone number

Code Number

What is this number?

Please tick.

Home Work Mobile Fax **Date of birth**

/ /

National Insurance (NI) number

You can find the number on your National Insurance (NI) numbercard, letters from social security or payslips.

Letters Numbers Letter
 If you do not know your NI number, have you ever had one or used one at any time?No Yes Please tell us about any other personal details you think we should know about in **Part 9 Other information**.
For example, other names or recent previous addresses.

Part 2 Filling in the form and signing it for someone else

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

Please tell us why the applicant cannot fill in the form.

Tick the boxes that apply.

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

The Department for Work and Pensions has appointed me to get the applicant's benefits and deal with social security matters on the applicant's behalf.

The applicant 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/Ms/Dr/Rev

All your other names – in full

Your address

Postcode

Your daytime phone number

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

What is this number?

Please tick.

Home Work Mobile Fax

National Insurance (NI) number

You can find the number on your National Insurance (NI) numbercard, letters from social security or payslips.

Letters Numbers Letter

Part 3 About your work

Please tell us about all the jobs you have had.

- Start with the first of these jobs. Finish with your last job, or your present job if you are still working.
- If you want to tell us about more than 6 jobs, use the space in **Part 9 Other information**.

	Employer 1	Employer 2
Name and address of employer	 Postcode	 Postcode
Employer's phone number , if you know it	Code Number	Code Number
Employer's fax number , if you know it	Code Number	Code Number
Payroll, staff or other reference number		
Workplace		
Job		
When did you work there? If you are not sure of the dates, please give approximate dates.	From To	From To
	/ /	/ /
If the employer has ceased trading, please give the name and address of anyone who could confirm your employment. For example, a former workmate or a trade union official.	 Postcode	 Postcode

● **Remember**, if you need help filling in this form, or any part of it, phone **0800 88 22 00**.

Part 3 About your work – continued**Name and address of employer****Employer 3**

Postcode

Employer 4

Postcode

Employer's phone number, if you know it

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

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

Employer's fax number, if you know it

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

Code	Number
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Payroll, staff or other reference number

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Workplace

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Job

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From

To

/ /

/ /

From

To

/ /

/ /

When did you work there?

If you are not sure of the dates, please give approximate dates.

If the employer has ceased trading, please give the name and address of anyone who could confirm your employment.

For example, a former workmate or a trade union official.

Postcode

Postcode

Part 3 About your work – continued

	Employer 5	Employer 6
Name and address of employer	<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	Postcode
Employer's phone number, if you know it	Code <input type="text"/> Number <input type="text"/>	Code <input type="text"/> Number <input type="text"/>
Employer's fax number, if you know it	Code <input type="text"/> Number <input type="text"/>	Code <input type="text"/> Number <input type="text"/>
Payroll, staff or other reference number	<input type="text"/>	<input type="text"/>
Workplace	<input type="text"/>	<input type="text"/>
Job	<input type="text"/>	<input type="text"/>
When did you work there? If you are not sure of the dates, please give approximate dates.	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>
If the employer has ceased trading, please give the name and address of anyone who could confirm your employment. For example, a former workmate or a trade union official.	<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	Postcode

Part 4 About your work and your deafness

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. Give distance	Number of hours daily	Employer you worked for at the time for example, employer 3
Powered, but not hand powered, grinding tools used on metal other than sheet metal or plate metal	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
Band saws, circular saws or cutting discs for cutting metal in the metal founding or forging industries	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
Circular saws for cutting products in the manufacture of steel	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
Burners or torches for cutting or dressing steel-based products	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
Pneumatic percussive tools				
● on metal	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
● for drilling rock in quarries or underground	<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
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

Part 4 About your work and your 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. Give distance	Number of hours daily	Employer you worked for at the time for example, employer 3
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. Give distance	Number of hours daily	Employer you worked for at the time for example, employer 3
● 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

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. Give distance	Number of hours daily	Employer you worked for at the time for example, employer 3
● closed or open dies	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
● drop hammers?	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer

● **Remember**, if you need help filling in this form, or any part of it, phone **0800 88 22 00**.

Part 4 About your work and your deafness – continued

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

- multi-cutter moulding machines

Not used but worked close to someone using it. Give distance

 feet

Number of hours daily

 hours

Employer you worked for at the time
for example, employer 3

 employer

- planing machines

 feet

 hours

 employer

- automatic or semi-automatic lathes

 feet

 hours

 employer

- multiple cross-cut machines

 feet

 hours

 employer

- automatic shaping machines

 feet

 hours

 employer

- double-end tenoning machines

 feet

 hours

 employer

- vertical spindle moulding machines, including high-speed routing machines

 feet

 hours

 employer

- edge banding machines

 feet

 hours

 employer

- bandsawing machines with a blade width of not less than 75mm

 feet

 hours

 employer

- circular sawing machines in the operation of which the blade is moved towards the material being cut

 feet

 hours

 employer

- chain saw

 feet

 hours

 employer

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)

Used

Not used but worked close to someone using it. Give distance

 feet

Number of hours daily

 hours

Employer you worked for at the time
for example, employer 3

 employer

Part 4 About your work and your deafness – continued

Have you ever worked in any of these processes, or worked close to someone else working in any of these processes?	Worked in the process	Not worked in the process but worked close to someone else working in it. Give distance	Number of hours daily	Employer you worked for at the time for example, employer 3
Air arc gouging	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
Burning stone in quarries by jet channelling processes	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
Mechanical cleaning of bobbins	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
<hr/>				
Have you ever worked on gas turbines in connection with	Worked in the process	Not worked in the process but worked close to someone else working in it. Give distance	Number of hours daily	Employer you worked for at the time for example, employer 3
● performance testing on test bed	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
● installation testing of replacement engines in aircraft	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/> employer
● 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"/> employer
<hr/>				
Have you worked in the area of skid-transfer banks in a steel mill?	No <input type="checkbox"/> Yes <input type="checkbox"/>		Number of hours daily	Employer you worked for at the time for example, employer 3
			<input type="text"/> hours	<input type="text"/> employer
<hr/>				
Have you worked in the area of knock-out and shake-out grids in foundries?	No <input type="checkbox"/> Yes <input type="checkbox"/>		Number of hours daily	Employer you worked for at the time for example, employer 3
			<input type="text"/> hours	<input type="text"/> employer
<hr/>				
Have you ever worked in a ship's engine room?	No <input type="checkbox"/> Yes <input type="checkbox"/>		Number of hours daily	Employer you worked for at the time for example, employer 3
			<input type="text"/> hours	<input type="text"/> employer

● **Remember**, if you need help filling in this form, or any part of it, phone **0800 88 22 00**.

Part 5 About medical treatment

Please tell us the name and address of your doctor

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

Doctor's phone number, if you know it

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

We may have to ask you to attend a medical examination by a doctor or specialist.

If you have any problems in attending a medical examination, please tell us about them.

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Part 5 About medical treatment – continued

Have you been to a hospital or clinic for treatment because of your deafness?

No Go to **Part 5**.

Yes Please tell us about all the hospitals or clinics you have been to because of your deafness. If you need to tell us about more than 2 hospitals or clinics, please use a separate sheet of paper. Make sure that you put your full name and National Insurance (NI) number on each separate sheet of paper you use.

	Hospital or clinic 1	Hospital or clinic 2
Name and address of hospital or clinic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
Department or ward	<input type="text"/>	<input type="text"/>
Reference number or admission number	<input type="text"/>	<input type="text"/>
Name of specialist if you know it	<input type="text"/>	<input type="text"/>
Dates of treatment	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>
	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>
	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>
Were you an in-patient or an out-patient?	In-patient <input type="checkbox"/> Out-patient <input type="checkbox"/>	In-patient <input type="checkbox"/> Out-patient <input type="checkbox"/>

● **Remember**, if you need help filling in this form, or any part of it, phone **0800 88 22 00**.

Part 7 About other benefits and entitlements – continued

Are you getting a War Disablement Pension for an injury or disease while you were in the Armed Forces?

No

Yes Please tell us about the pension, benefit or allowance.

Name of the pension, benefit or allowance

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

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

or

War Pension reference number, if you know it.

What is the injury or disease?

What is your percentage disablement from this injury or disease as assessed by the Veteran's Agency?

 %

Are you getting an Armed Forces Compensation Scheme payment for an injury or disease while you were in the Armed Forces?

No

Yes Please tell us about the payment.

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

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

or

Armed Forces Compensation Scheme reference number, if you know it.

What is the injury or disease?

What is your tariff level for this injury or disease as assessed by the Veteran's Agency?

Part 8 Making payments to you

We normally pay Industrial Injuries Disablement Benefit directly into an account. This is the safest way to pay you and lets you choose how and when you get your money. You can use a bank, building society or other account provider. Most accounts allow you to make savings on some of your bills by paying them by Direct Debit. You may be able to use a cash machine, which will usually mean you can get your money at any time of the day or night. Most of these machines can be used for free, but some of them will charge you to take your money out. If so, you will be warned by a message on the screen. This will give you the opportunity to cancel your transaction without being charged. There are arrangements with some banks and building societies to let you collect cash from many of their accounts over the counter at post offices.

A – Payment direct into an account

How you will be paid

Your benefit will be paid into the account every 4 weeks, every 13 weeks or every week.

Finding out how much is paid into the account

We will tell you when the first payment will be made and how much it is for. Each payment, after the first one, should be for the same amount unless there is a change in your circumstances. We will tell you whenever we know there is going to be a change in the amount we pay into your account.

You can check your benefit payments on your account statements. Your statements will usually show your National Insurance (NI) number next to payments that are from us. If you think your payment is wrong, get in touch with the office that pays you.

Getting someone to collect your benefit

You may be able to get someone else to collect your benefit for you regularly if you wish. For help with this please contact your bank, building society or other account provider such as the Post Office® or a Credit Union.

If not enough money is paid into the account

If we do not pay enough money into the account, we will make another payment or add the money we owe you onto your next payment. We will contact you to tell you what we are going to do.

Sometimes too much money may be paid into your account and you may be overpaid

If this is because of the way the system works for payments directly into an account, we have the right to recover any money you are not entitled to. For example, you may give us information which means you are entitled to less money but we may not be able to change the amount already sent out. We will contact you first if we propose to recover any money.

What to do now

To tell us about the account you want to use for your Industrial Injuries Disablement Benefit, go to Part B.

or

If you do not already have a suitable account, **go to Part D.**

Part 8 Making payments to you – continued**B – About the account you want to use**

Tick this box if you agree to be paid directly into an account and understand the information in **Part A** about being overpaid.

Please give your account details below. You must fill in ALL the boxes including the building society roll or reference number if you have one.

You can find the account details on the cheque book, passbook or statements. If you are not sure about the details, ask the bank, building society, or other account provider.

Whose name or names is the account in?

Please note:

- A Post Office® card account can only be in your name.
- 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.
- By ticking the box for an account that includes the name of the person acting on your behalf, you confirm that you will authorise them to use the money in the way you tell them, or you are an appointee acting on behalf of the customer.

Please tick one box

In your name

In the name of your partner

In both the names of you and your partner

In the name of the person acting on your behalf

In both the names of you and the person acting on your behalf

What name or names is the account in?

Please write the name or names as they appear on the cheque book, passbook or statement.

Full name of bank, building society or other account provider**Sort Code** – of the bank, building society or other account provider

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

 – – **Account number**

This is seven to ten numbers long.

More information if it is a building society account**Building Society roll or reference number**

Some building societies accounts use a roll or reference number. The number is on the passbook. The roll or reference can contain letters and numbers and can 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 be getting other benefits and entitlements that are not paid directly into an account at the moment. If you now agree to have them paid into this account, please tell us the names of the benefits or entitlements.

Part 8 Making payments to you – continued

C – How often can I be paid

Having your payment into an account will not affect how often you are paid.

How often do you want your benefit to be paid?

Every 4 weeks

Every 13 weeks

Every week

If you want more information, get in touch with your nearest local office.

Part 8 Making payments to you – continued**D – If you did not complete section B**

Please read the notes below then tick Box 1 or Box 2.

If you have an account but you do not wish to use it, for example a joint account, any bank or building society will help you open an account that suits you better. Remember to ask whether their accounts allow you to get your money from the Post Office®, if this is important to you.

- **Basic bank account**

If you have had problems opening a current account, or if you are worried about being overdrawn, you could ask any bank or building society about opening a basic bank account. These are available from all major banks and offer free banking with no overdraft facility. You can use these accounts to pay money in, pay bills automatically and get cash out. Many basic bank accounts also allow you to get cash from post offices.

- **Other accounts**

Alternatively, you can be paid into some Credit Union accounts or a Post Office® card account. These accounts may have restrictions on the services provided.

What to do now

Tick the box that applies to you.

Box 1

I intend to open an account.

Any bank, building society or other account provider will help you open an account. If you want to get your money at the Post Office®, check that the account allows you to do this. **If you want us to pay into an account, tell us your account details as soon as you have them.**

Box 2

I would like information about how I can be paid by other means.

We will contact you about your payment. If, in the meantime, you want more information about opening an account, please contact us.

**Complete the claim form and send it to us now.
Do not wait until you have opened an account.**

Part 9 Other information

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

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

Please give us the address of your local Post Office®.

Postcode

● **Remember**, if you need help filling in this form, or any part of it, phone **0800 88 22 00**.

Part 10 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 Work and Pensions
 - any doctor advising the Department
 - any organisation with which the Department has a contract for the provision of medical servicesmay 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 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 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 11 What to do now

Check that you

- have answered all the questions that apply to you
- have signed this form
- have included your medical report. Remember, **do not** get a new medical report especially for this claim.

Remember

Send this claim form to your local office as soon as possible. If you delay, you could lose money. You can find the address on the advert in the business numbers section of the phone book. Look under **Jobcentre Plus** or **Social Security**. You can get an envelope from your Post Office®. It will not need a stamp.

Part 12 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 received your claim.
- A decision maker will look at your claim.
Decision makers are people who decide whether 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 or to make enquiries on 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 deafness, we may ask you to come for a medical examination. If that happens, we will write and tell you where and when the examination will take place. 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.

Part 13 How we collect and use information

The Department for Work and Pensions collects information for the purposes of dealing with social security, child support, vaccine-damage issues, employment and training, private pensions policy, retirement planning and the Financial Assistance Scheme. The information we collect about you depends on the reason for 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, local authorities, 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 Work and Pensions 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 **GL33 Data Protection Act 1998 – It affects you**. Or you can find a copy of the leaflet on our website. The address is **www.dwp.gov.uk**