



Part of the Department
for Work and Pensions

Industrial Injuries Disablement Benefit

Office stamp

Reduced Earnings Allowance

Use this form to claim Reduced Earnings Allowance if

- you had an accident at work before 1 October 1990, **or**
- you first suffered from a disease caused by your work before 1 October 1990, **and**
- you cannot go back to your normal job, **and**
- you cannot do another job with similar pay.

You must claim Disablement Benefit for that accident or disease if you have not already done so.

Reduced Earnings Allowance cannot be paid if your accident happened or you first suffered from your disease on or after 1 October 1990. You may also not get Reduced Earnings Allowance if you are claiming for a disease added to the industrial injuries scheme on or after 10 October 1994, or for an extension made to a disease on or after 10 October 1994.

If you are claiming Reduced Earnings Allowance because of an accident or because you are suffering from a Prescribed Disease you must read our leaflet about Industrial Injuries Disablement Benefit before making your claim. You can get it from Jobcentre Plus.

If you want some help filling in this form you can ask a friend to help you, or you can ask us at the Jobcentre Plus. The notes on page 2 will also help you complete this form.

If any box on this form is not big enough for your answer, continue on a separate sheet of paper. Make sure that you put your full name and National Insurance (NI) number on each separate sheet you use and attach it securely to this form.

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 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.

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

Please turn over ►

Reduced Earnings Allowance continued

Notes to help you complete this form

- 1** Give the name of your particular job as it is known by your employer, including the grade where appropriate.
- 2** Your regular job is the job which you normally did at the time of your accident or onset of the prescribed disease.
If you were temporarily engaged in a different job at the time of your accident or onset of the prescribed disease, but intended to return to your normal work, then your normal job is your regular job.
If you had taken up a new job just before the accident or onset of the prescribed disease, and you intended to follow the new job permanently, show the new job as your regular job.
- 3** Describe the job in detail and indicate any special physical effort that is involved, for example
 - much kneeling
 - bending
 - lifting – details of weights lifted should be given
 - climbing.Describe any unusual conditions under which the work is performed, for example
 - work underground
 - work in confined spaces
 - work at heights
 - being exposed to heat
 - being exposed to liquids.
- 4** Indicate which part of your regular job you would be unable to perform either temporarily or permanently and give reasons.
- 5** State your gross salary or wages, before deductions for Income Tax or National Insurance contribution, with the average overtime or bonus shown separately. Any additions such as the provision of living accommodation, free fuel, light, etc. should be stated with their value, if known.
- 6** You can usually only get Reduced Earnings Allowance from the date you first lost earnings because of your accident or disease. We cannot pay you money for any period more than 3 months before you make your claim.

Reduced Earnings Allowance continued

Part 1 About you

Please tell us about yourself – please write clearly

a Your surname or family name

Mr/Mrs/ Miss/ Ms/ Dr/ Rev

b Other names – in full

c All other surnames or family names you have been known by or are using now.

Please include maiden name, all former names and all changes of family name.

d Address

Postcode

e Daytime phone number

Code Number

f What is the number?

Tick the appropriate box.

Home Work Mobile Fax

g Date of birth

/ /

h National Insurance (NI) number

You can find the number on your NI numbercard, letters about benefits or payslips.

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

Letters Numbers Letter

No

Yes

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.

Please turn over ►

Reduced Earnings Allowance continued

Part 3 About your accident or disease continued

d continued

Hospital or clinic 1

Hospital or clinic 2

Name and address of hospital or clinic

Department or ward

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--

Reference number or admission number

--

--

Name of specialist if you know it

--

--

Dates of treatment

From	To
/ /	/ /

From	To
/ /	/ /

From	To
/ /	/ /

From	To
/ /	/ /

From	To
/ /	/ /

From	To
/ /	/ /

Were you an in-patient or an out-patient?

In-patient Out-patient

In-patient Out-patient

Did you have an x-ray?

No
Yes

No
Yes

e 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 here.

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Please turn over ►

Reduced Earnings Allowance continued

Part 4 About your work before the accident or disease

a What was your job at the time of the accident or onset of the disease?

See note 1 on page 2

b Was this your regular job?

See note 2 on page 2

No

What was your regular job?

Yes

c Was this job full-time or part-time?

Full

Part

How many hours a week did you work?

d What was the name and address of your employer at the time of the accident or onset of the disease?

Job you were doing

Your regular job, if different

Postcode

Postcode

e What was your payroll, staff, clock or check number?

If you do not know or did not have one, please say which department you worked in

f Describe fully what you did in your regular job

See note 3 on page 2

g How do you think your injury or disease stops you doing your regular job?

See note 4 on page 2

h How long have you been doing the job?

i What were your average weekly earnings?

See note 5 on page 2

Basic	<input type="text"/>
Bonus	<input type="text"/>
Overtime	<input type="text"/>

Basic	<input type="text"/>
Bonus	<input type="text"/>
Overtime	<input type="text"/>

Reduced Earnings Allowance continued

Part 4 About your work before the accident or disease continued

j Give details of any additions to your earnings and their estimated weekly value.
See note 5 on page 2

k Did you have any other job at the same time as your regular job at the time of accident or disease?

No

Yes Please give details.

What was the job?
See note 3 on page 2

How many hours did you work?

What were your earnings?
See note 5 on page 2

£

l If you think the injury or disease means you will lose the chance of promotion to do higher paid work in your regular job, please give details.

Part 5 Details of work in your regular job after the accident or disease

a Since the date of the accident or onset of the disease, have you gone back to work in your regular job either with your old employer or with a new employer?

No Go on to **Part 6**

Yes If you are working for a new employer, please give their name and address.

Postcode

b Did you go back to your job because you thought you were fit enough to do all your normal duties each day?

No If you did not think you were fit enough, why did you go back to your job

Yes

c What were the dates you worked?

From	To
/ /	/ /

From	To
/ /	/ /

Please turn over ►

Reduced Earnings Allowance continued

Part 5 Details of work in your regular job after the accident or disease

d What were your average weekly earnings?
See note 5 on page 2

e If they were different from your earnings before the accident or disease, say why

f Give details of any additions to your earnings and their estimated weekly value?
See note 5 on page 2

Part 6 Details of work in a different job after the accident or disease

a At any time since the date of accident or onset of the disease have you worked in a job other than your regular job?

No

Go on to **Part 7**

Yes

Tell us about all the jobs you have done. If you need to tell us about more than 2 jobs, please use a separate piece of paper. Make sure that you put your full name and National Insurance (NI) number on each separate piece of paper you use.

Job 1

Job 2

Name and address of employer

Clock or check number

The dates you did the job

From / / To / /

From / / To / /

Full details of what you did in the job.
See note 3 on page 2

Gross weekly earnings.
See note 5 on page 2

£

£

If you left the job, please say why

Reduced Earnings Allowance continued

Part 7 Details of incapacity for work since the accident or disease

a At any time since the date of accident or onset of the disease have you been unable to work at all because of the effects of the accident or disease?

No Go on to Part 8

Yes

b What was the nature of your illness?

c Did you claim any of the following?

Statutory Sick Pay from your employer

No

Yes

Severe Disablement Allowance from DWP

No

Yes

Sickness Benefit from DWP before 13 April 1995

No

Yes

Invalidity Benefit from DWP before 13 April 1995

No

Yes

Incapacity Benefit from DWP after 12 April 1995

No

Yes

d What were the periods of your illness?

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

Answer this question if you are claiming disablement benefit for pneumoconiosis.

e If you are at present totally incapacitated by pneumoconiosis, do you intend to go back to your regular job when you are better?

No

Yes

Please turn over ►

Reduced Earnings Allowance continued

Part 9 About other benefits and entitlements

a Are you or your partner, if you have one, getting Income Support, Jobseeker's Allowance, Employment and Support Allowance or Pension Credit? **No** Go on to **Part 10**
Yes Go to question **b**

Tick **Yes** if you or your partner have

- claimed Income Support, Jobseeker's Allowance or Employment and Support Allowance, or
- applied for Pension Credit

Also tick **Yes** if you are waiting to hear about any of these.

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.

b What date did you or your partner claim Income Support or Jobseeker's Allowance, Employment and Support Allowance or apply for Pension Credit?

c Which Jobcentre Plus office, social security office or pension centre deals with the claim or application?
Postcode

d Who is getting Income Support, Jobseeker's Allowance, Employment and Support Allowance or Pension Credit or is waiting to hear about it? **You**
Your partner Please tell us about your partner

Their surname or family name

Their other names

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

Letters	Numbers			Letter
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

If you do not know their NI number, please tell us their date of birth

Please turn over ►

Reduced Earnings Allowance continued

Part 10 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	<input type="checkbox"/>
	Every 13 weeks	<input type="checkbox"/>
	Every week	<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.

Reduced Earnings Allowance continued

Part 10 How we pay you continued

About account you want to use

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

Please tell us your account details below.

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

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

Name of the account holder

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

Full name of bank or building society

Sort code

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

		-			-		
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Account number

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

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

Building society roll or reference number

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

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

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.

Please turn over ►

Reduced Earnings Allowance continued

Part 12 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 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 Secretary of State's determination on incapacity for work.

This is my claim for Reduced Earnings Allowance

Signature

Date

Please turn over ►

Reduced Earnings Allowance continued

Part 13 What to do now

- Make sure that you have answered all the questions that apply to you on this form. And check that you have signed this form.
- Send this form to your Jobcentre Plus or social security office. 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. Send the form back to us as soon as possible. If you delay, you could lose money.

Part 14 What happens next

- 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 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 needs medical advice on your claim, 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 Reduced Earnings Allowance, we will write and tell you
 - how much money you can get
 - more about the benefit.
- If you cannot get Reduced Earnings Allowance, we will write and tell you the reason and what to do if you disagree.

Part 15 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.dwp.gov.uk/privacy.asp or contact any of our offices.