



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

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

# **Industrial Injuries Disablement Benefit**

for people who have an accident at work.

## **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.

We use partner to mean:

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

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

## **About this benefit**

You may be able to get Industrial Injuries Disablement Benefit if you are disabled because of an accident at work while working for an employer. **You cannot get this benefit if you were self-employed when the accident happened.**

Please read the following leaflet before completing this form.

- **Leaflet SD7 "Disabled because of an accident at work?"** - for general information about industrial injuries disablement benefits.

If after reading this leaflet you wish to claim disablement benefit then please complete this form using **BLOCK CAPITAL LETTERS** and in **BLACK INK**. Send this form back to us straightaway. If you delay, you could lose money.

## **Other money you may be able to get**

### **Reduced Earnings Allowance**

You may be able to get Reduced Earnings Allowance if your industrial accident was before 1 October 1990, **and**

- you cannot go back to your normal job because of the effects of your accident, **or**
- you cannot do another job of the same standard with similar pay

Please read leaflet **SD7** to find out more about this benefit. Make a claim as soon as your earnings reduce. If you delay, you could lose money.

## **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 (BEL) on **0800 220674**. This is a confidential telephone service for people with disabilities and their carers.
- if you have problems with hearing or speaking and use a textphone, you can ring **0800 243787**.
- get in touch with your Social Security or Jobs & Benefits Office. The phone number and address are in the phone book under **SOCIAL SECURITY AGENCY**.
- get in touch with an advice centre like the Citizens Advice Bureau.
- get in touch with the branch at:-

The Social Security Agency  
Industrial Injuries Branch  
Castle Court  
Royal Avenue  
Belfast BT1 1SD  
Telephone (028) 90336000

## **Help with filling in this claim form**

If you need help with filling in this claim form, you can ask at your Social Security or Jobs & Benefits Office. If you cannot fill in this form yourself, someone else can do it for you. Or you can get in touch directly with Industrial Injuries Branch at the above address.

**Please remove this page and keep it for your information**

# PART 1

## About you

Please tell us about yourself

<b>For Official Use Only</b>
DCI Checked _____ Inits _____ Date
File Previously Registered _____ Inits _____ Date
File Now Registered _____ Inits _____ Date
BI76 issued _____ Inits _____ Date
Address/Telephone No of employer _____ _____ _____ _____
BI122 issued _____ Inits _____ Date

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

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

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

No

Yes

Surname or family name

Mr/Mrs/Miss/Dr/Rev/Ms

All other names - in full

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

Address

Postcode

Daytime phone number

Code                  Number

What is this number?

Home                   Work

Mobile                   Fax

Date of birth

Please give us the address of your local Post Office for any urgent payments we may need to make

Postcode



## PART 3

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### ***About the accident***

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

At the time of the accident were you self-employed?

No  Please complete the details below

Yes  You cannot claim for this benefit

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

Postcode

Employers phone number, if you know it

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

Employers fax number, if you know it

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

Workplace

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Job

--

Payroll, staff reference no.

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- Please tell us about the accident. Give as much information as you can.**

**What was the date of the accident?**

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

	/		/	
--	---	--	---	--

**What time did the accident happen?**

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

	/		/	
--	---	--	---	--

**Where did the accident happen?**

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**Please explain exactly what you were doing when the accident occurred?**

(tell us if you were working with someone else or, if you were not at your normal place of work, explain where you were and what caused you to be there when the accident occurred)

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# PART 3

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## About the accident - continued

If the accident occurred outside your work premises or while you were travelling to or from work, please explain the full circumstances of where the accident occurred, why you were there and precisely what you were doing at the time?

--

Have you reported the accident to your employer?

No  Please tell them now.

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

--

Were the details of the accident recorded in the accident book?

No

Yes  If so on what date:

--

Did anyone see the accident?

No

Yes  Please tell us their names and addresses

Postcode

Postcode

## PART 3

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### ***About the accident - continued***

Describe the circumstances of the accident itself, giving as much detail as possible. (Continue on a separate sheet if necessary and include a sketch map of the area if this will help you explain what happened)

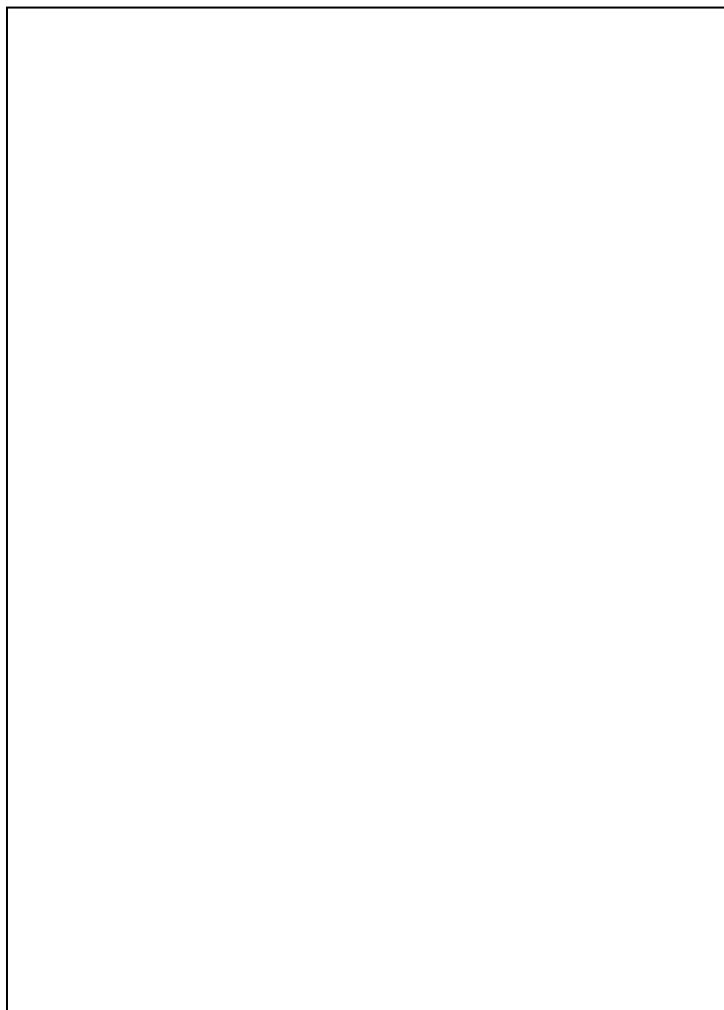
Tell us exactly what happened to you

Explain how you sustained each of your injuries eg

I fell from a ladder striking my right elbow and both knees on the rungs as I fell. I struck my forehead and chest on concrete driveway on which I landed.

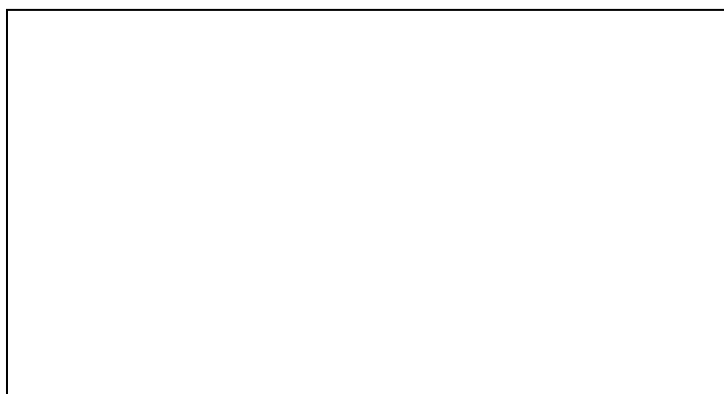
If you felt pain either at work or at home but were not doing anything in particular at that time explain why you think the pain was due to your work?

If the accident involved a dispute give the names of the parties involved and explain how the dispute arose, what was said, and how the situation developed.



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

For example you may no longer be able to do things like lifting, bending or standing for long periods. You might also be anxious or depressed as a result of the accident.



# PART 3

## About the accident – continued

### Your injuries

#### Details of injury

Which part(s) of your body were injured? Please tick below as appropriate

#### EYES

Right	Left
<input type="checkbox"/>	<input type="checkbox"/>

#### HEAD

scalp	<input type="checkbox"/>
nose	<input type="checkbox"/>
mouth	<input type="checkbox"/>
face	<input type="checkbox"/>
neck	<input type="checkbox"/>

#### HAND

	Right	Left
thumb	<input type="checkbox"/>	<input type="checkbox"/>
index	<input type="checkbox"/>	<input type="checkbox"/>
middle	<input type="checkbox"/>	<input type="checkbox"/>
ring	<input type="checkbox"/>	<input type="checkbox"/>
little	<input type="checkbox"/>	<input type="checkbox"/>
palm	<input type="checkbox"/>	<input type="checkbox"/>
back	<input type="checkbox"/>	<input type="checkbox"/>

#### ARM

	Right	Left
wrist	<input type="checkbox"/>	<input type="checkbox"/>
forearm	<input type="checkbox"/>	<input type="checkbox"/>
elbow	<input type="checkbox"/>	<input type="checkbox"/>
upper arm	<input type="checkbox"/>	<input type="checkbox"/>
shoulder	<input type="checkbox"/>	<input type="checkbox"/>

#### EARS

Right	Left
<input type="checkbox"/>	<input type="checkbox"/>

#### BODY

chest	<input type="checkbox"/>
abdomen	<input type="checkbox"/>
right side	<input type="checkbox"/>
left side	<input type="checkbox"/>

#### LEG

	Right	Left
ankle	<input type="checkbox"/>	<input type="checkbox"/>
shin/calf	<input type="checkbox"/>	<input type="checkbox"/>
knee	<input type="checkbox"/>	<input type="checkbox"/>
thigh	<input type="checkbox"/>	<input type="checkbox"/>
buttock	<input type="checkbox"/>	<input type="checkbox"/>

#### FOOT

	Right	Left
large toe	<input type="checkbox"/>	<input type="checkbox"/>
2nd toe	<input type="checkbox"/>	<input type="checkbox"/>
3rd toe	<input type="checkbox"/>	<input type="checkbox"/>
4th toe	<input type="checkbox"/>	<input type="checkbox"/>
small toe	<input type="checkbox"/>	<input type="checkbox"/>

#### OTHER

internal organ	<input type="checkbox"/>
multiple	<input type="checkbox"/>
if other (please specify)	<input type="checkbox"/>

#### BACK

Upper back	<input type="checkbox"/>
Lower back	<input type="checkbox"/>
Right side	<input type="checkbox"/>
Left side	<input type="checkbox"/>

# PART 3

## About the accident – continued

What was the nature of your injury?

### EYE/EAR

foreign body	<input type="checkbox"/>
bleeding	<input type="checkbox"/>
sight loss (temporary)	<input type="checkbox"/>
sight loss (permanent)	<input type="checkbox"/>
hearing loss (temporary)	<input type="checkbox"/>
hearing loss (permanent)	<input type="checkbox"/>

### GENERAL

crush	<input type="checkbox"/>
blister	<input type="checkbox"/>
bruise	<input type="checkbox"/>
nip	<input type="checkbox"/>
irritation	<input type="checkbox"/>
pain	<input type="checkbox"/>
fracture	<input type="checkbox"/>
cut	<input type="checkbox"/>

### BURN

heat burn	<input type="checkbox"/>
friction	<input type="checkbox"/>
chemical	<input type="checkbox"/>
electrical	<input type="checkbox"/>
scald	<input type="checkbox"/>
radiation	<input type="checkbox"/>

### SHOCK

electrical	<input type="checkbox"/>
physical	<input type="checkbox"/>
trauma	<input type="checkbox"/>
concussion	<input type="checkbox"/>
loss of consciousness	<input type="checkbox"/>
headache	<input type="checkbox"/>
sickness	<input type="checkbox"/>

### POISONING

ingested	<input type="checkbox"/>
inhaled	<input type="checkbox"/>
contact	<input type="checkbox"/>

### SEVERE INJURY

amputation	<input type="checkbox"/>
dislocated	<input type="checkbox"/>
fracture	<input type="checkbox"/>
internal	<input type="checkbox"/>
please specify	<input type="text"/>
	<input type="text"/>

### MUSCULAR

strain	<input type="checkbox"/>
twist	<input type="checkbox"/>
sprain	<input type="checkbox"/>

### OTHER

please specify	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

## PART 4

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### ***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
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- 
- **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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# PART 5

## About earlier claims for Industrial Injuries Disablement Benefit

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

No  Go to **Part 6**.

Yes  Please tell us about your earlier claims.

### Claim 1

### Claim 2

What is the name of the  
industrial disease or the  
date of the industrial  
accident you claimed for?

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

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

Postcode

Postcode

### Claim 3

### Claim 4

What is the name of the  
industrial disease or the  
date of the industrial  
accident you claimed for?

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

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

Postcode

Postcode

- If you want to tell us about more than 4 claims, use the space in **Part 8 Other Information**.

## PART 6

### About other benefits and entitlements

Are you getting a pension or other benefits or allowances from any government department because of your disablement?

No

Yes

Please tell us about the pensions, benefits or allowances

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

Also tick **Yes** if you have had one of these in the past because of your disablement but are not getting it now.

	Benefit 1	Benefit 2
Name of the pension, benefit or allowance	<input type="text"/>	<input type="text"/>
Reference number or pension number (if you know it)	<input type="text"/>	<input type="text"/>
	Benefit 3	Benefit 4
Name of the pension, benefit or allowance	<input type="text"/>	<input type="text"/>
Reference number or pension number (if you know it)	<input type="text"/>	<input type="text"/>

Are you, or your partner if you have one, getting Income Support, Jobseeker's Allowance or Pension Credit?

No

Yes

Please tell us about this.

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

- claimed Income Support or Jobseeker's 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.

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

Which local office, social security office or pension centre deals with the claim or application?

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

## PART 6

### About other benefits and entitlements - continued

**Who is getting Income Support, Jobseeker's 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

Mr/Mrs/Miss/Dr/Rev/Ms

Their other names

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

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

If you do not know it, please tell us their date of birth.

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

No

Yes

Please tell us about the pension.

National Insurance (NI) number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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War Pension number

What is the injury or disease?

What is your percentage disablement or tariff level from this injury or disease as assessed by the Veterans Agency

## PART 7

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### ***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 or building society. 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 banks and building societies so that you can collect cash from some of their accounts at your Post Office® branch. The Post Office® also provides a bank account that we can pay benefits into. With this account you can only collect your money in cash from Post Office® branches during opening hours.

#### **Payment direct into an account**

##### **How you will be paid**

Your benefit and entitlements 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 show your National Insurance (NI) number next to payments that are from us. A Post Office® card account statement shows your payment details but not your National Insurance (NI) number. If you think your payment is wrong, get in touch with Industrial Injuries Branch, Castle Court, Royal Avenue, Belfast BT1 1SD Telephone (028) 9033 6000.

##### **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.**

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.

##### **Getting someone to collect your benefit**

If you want someone else to collect your benefit for you regularly, you may be able to make arrangements with your bank, building society or, if you have a Post Office® card account, the Post Office. Please ask them for help with this.

#### **About the account you want to use**

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

# PART 7

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

You can find the account details on the chequebook, passbook or statements. If you are not sure about the details, ask the bank or building society, or the Post Office® if it is a Post Office® card account. A Post Office® card account can only be in your name.

## Whose name or names is the account in?

- In your name, or
- In the name of your partner, or
- In the names of you and your partner, or
- In the name of the person acting on your behalf, or
- In the names of you and the person acting on your behalf.

We use *partner* to mean the person you are married to or a person you live with as if you were 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 a customer.

## What Name or names is the account in?

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

## Full Name of bank or building society

For a Post Office® card account write **Post Office**.

## Sort Code

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

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

This is 7 to 10 numbers long.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## More information if it is a building society account

### Building Society roll or reference number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 7

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## How often can I be paid?

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

Tick one box to tell us how often you want your benefit to be paid.

Every 4 weeks     Every 13 weeks     Every week

## If you did not complete Page 13 and 14

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

If you have a bank or building society 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 accounts**

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 sometimes called introductory or starter accounts and are available from all major banks. These accounts offer free banking but overdrafts are not available. 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®.

### **Post Office® card account**

This is a simple bank account that can only have benefit, pension, entitlement, allowance or tax credit payments paid into it. You can only collect payment from it in cash at a Post Office® branch during opening hours. You will not have a chequebook and cannot withdraw money at a cash machine. You will not be able to run up an overdraft, pay bills by Direct Debit or Standing Order, or have your salary or any other money paid in. The account can only be in your name. You may be able to arrange with the Post Office® for someone else to collect your benefit regularly from this account.

### What to do now

**Tick the box that applies to you**

I intend to open an account ..... **Box 1**

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

Any bank or building society 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.**

I would like information about how I can be paid by other means ..... **Box 2**

We will contact you about your payment options. If, in the meantime, you want more information about opening a bank or building society account or a Post Office® card account, please contact us.

**COMPLETE THE CLAIM FORM AND SEND IT TO US NOW. Do NOT wait until you have opened an account.**

## **PART 8**

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### ***Other information***

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

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

# PART 9

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## ***Declaration***

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- **I understand** that I must promptly tell the office that pays my benefit of anything that may affect my entitlement to, or the amount of, that benefit.
- **I agree** that
  - the Department for Social Development
  - any doctor advising the Departmentmay ask
  - any doctor who has treated me
  - any hospital or place where I have been treated
  - any one else who has given me treatment (such as a physiotherapist)

for any information which is needed to deal with this claim for benefit or any requests for this claim to be looked at again and that the information may be given to that doctor or the Department.

- **I agree** that the Department for Social Development have my permission to ask my employer for details of my sickness record both prior to, and since the accident for which I am now claiming disablement benefit.
- **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 may have claimed
  - any other benefit I may claim in the future.

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

Signature

Date

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## ***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.

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

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

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## ***What happens next?***

- Benefit you can get because of this claim can be paid more quickly if you answer all the questions on this form that apply to you and your partner, if you have one.  
If you cannot do this, get in touch with us, but benefit you can get because of this claim may be delayed.
- We will write to you and tell you that we have 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 your accident was an industrial accident, 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.

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## ***How we collect and use information***

The Department for Social Development collects information for purposes of dealing with social security, child support, employment and training purposes, urban regeneration, housing and community development. 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, 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 1998.

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](http://www.dsdni.gov.uk)**