

# COMPENSATION RECOVERY UNIT - UPDATE STENCIL

<b>COMPENSATOR DETAILS:</b>  <b>IP NAME:</b> <b>YOUR REF:</b> <b>OUR REF:</b>	Compensation Recovery Unit Magnet House, 81-93 York Street, Belfast, BT15 1SS  DX3950 NR Belfast 22  <b>E-mail:</b> CRUTeam.MagnetHouse@nissa.gov.uk
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**Please send:**

A Certificate of Recoverable Benefits and, if appropriate, a Certificate of Health Services Charges <b>We will soon be ready to make a compensation payment</b>	<input type="checkbox"/> Details of Benefits paid We are not yet ready to make a compensation payment
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**Please note:**

	Final Compensation was paid on	<input type="text"/>
	A payment made into court on	<input type="text"/> was accepted within 21 days.
	A payment was made into court but was not accepted within 21 days. Date of application/order for payment to be paid out was	<input type="text"/>
	An interim payment was paid on	<input type="text"/>
	An interim payment made on	<input type="text"/> is to be treated as the final compensation payment.
	The date of this agreement was	<input type="text"/>
	A structured settlement has been agreed. The agreement was approved/entered into on <input type="text"/>	
	Provisional damages were paid on	<input type="text"/>
	The claim was withdrawn/unsuccessful.	
	The claim was repudiated/statute barred.	
	A cheque for	£ <input type="text"/> has been sent separately.

**The injured person also attended/was admitted to the following health services hospital(s):**

Name <input type="text"/>  Address <input type="text"/>	Name <input type="text"/>  Address <input type="text"/>
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Completed by <input type="text"/>	Date <input type="text"/>
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