

Incapacity Benefit Claim Form

Incapacity Benefit is a Social Security benefit you may get if you are not fit to work. Complete this form if you work for an employer, are self-employed or unemployed.

Government employees

Government employees who are eligible to receive unabated sick pay should not claim Incapacity Benefit until they go onto half pay/nil pay.

When to complete this form

Complete this form after you have been sick for 4 days or more in a row.

Send the form to a Social Security office **straightaway**. If you wait you could lose some benefit.

You do not need a sick note from your doctor for the first week that you are sick. However, if you need medical advice or treatment go to your doctor straightaway.

Sick Notes are also called 'medical certificates' or 'doctor's statements'.

If you are still sick after 7 days get a sick note from your doctor. Complete it and send it to a Social Security office. **Send it in straightaway. If you wait you could lose some benefit.**

If you are signing on as unemployed

Tell the Jobseeker's Allowance Team that you are sick. You can do this by completing your JSA40 and sending it back.

If you have regular medical treatment

This includes people who have – dialysis; radiotherapy; chemotherapy; plasmapheresis; total parenteral nutrition for gross impairment of enteric function. Complete this form if your treatment means that you cannot work for 2 days in a row.

If you have treatment every week, please get a sick note or a letter from your doctor or from the hospital. This should say:

- what treatment you are getting
- which days of the week you cannot work
- how long your treatment will last.

Please send this sick note or letter to a Social Security office as soon as you can.

If you have regular treatment, but not every week, please complete an SC1 each time that your treatment means that you cannot work for 2 days in a row.

Other help while you are sick

If you do not have much money coming in you may be able to get other help while you are sick.

From Social Security:

- Income Support – help for people without enough money to live on.
- Disability Living Allowance – You may get this if you are severely disabled and need help with getting around, with personal care or both.
- Industrial Injury Disablement Benefit – You may get this if you become physically or mentally disabled as the result of either an accident at work or of a prescribed industrial disease and your disablement continues or arises more than 90 days after the date of your accident or onset of the disease.

From the Department of Health and Social Care:

- Help with NHS charges – help with paying for things like NHS prescriptions and NHS dental treatment.



Isle of Man
Government
Reillya Ellan Vannin

The Treasury

Yn Tashtey

Form SC1 April 2018

Contact information

Address: Incapacity Benefit Team
Social Security Division
Markwell House
Market Street
Douglas
Isle of Man
IM1 2RZ

Telephone: (01624) 685108 or 685109

Email: incapacitybenefits@gov.im

Website: www.gov.im

All calls to and from Social Security are recorded for quality purposes, to prevent crime or misuse, to ensure staff act in compliance with required procedures and standards and assist in the provision of training, monitoring and service improvement.

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Part 1 About you

Surname Mr/Mrs/Miss/Ms

Other names

Address

 Postcode

Daytime telephone no.

Date of birth Email address

National Insurance (NI) Number

You can find it: on your NI number card or letter, on your pay slips or by phoning 685400 and choosing the National Insurance option.

Marital status
 Married Widowed or widower Separated
 Single Divorced Civil Partnership

What is your occupation?

Name and address of your employer

Part 2 About your sickness

Details of your sickness. Please give brief details of your sickness.

When you became sick/unfit for work (i.e. the date you wish your claim to start)

What was the date you became unfit for work? day

What was the last date you worked before becoming unfit? day

If you work a night shift which included midnight please tell us the day the shift began. day

What time did you start work? am/pm

What time did you finish work? am/pm

Do you think you are sick because of an accident at work? No Yes

(Tick No if you had an accident while you were self-employed.)

If Yes, please give:
 a) Date of accident
 b) Place of accident
 c) Time of accident

Do you think you are sick because of an industrial disease? Industrial diseases are certain illnesses caused by conditions at work. Tick No if you became sick while you were self-employed. No Yes

When will you be well again?

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

No Please go to Part 3

Yes Please provide details below

When will this be?

day

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you are going to work a night shift which includes midnight, please tell us the date the shift begins.

What time will you start work?

am/pm

What time will you finish work?

am/pm

Part 3

About other benefits

Please read this list of benefits and tick any that you are getting or you are waiting to hear about.

Income Support

Carer's Allowance

Widow's Pension

War Widow's Pension

Unemployability Supplement

Widowed Parent's Allowance

Training Allowance

Retirement Pension

Bereavement Support Payment

Are you getting any other Social Security benefits?

(Please tick **Yes** if you are waiting to hear about any Social Security benefits)

No

Yes

Please tell us the name of these benefits:

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

Part 4

About pensions

About any private pension income that you have

We need to know this information, as the amount of any private pension income you have may affect the amount of Incapacity Benefit you receive.

By private pension income we mean:

- an occupational pension; or
- a personal pension; or
- a public service pension; or
- a pension from a self-employed pension scheme; or
- permanent health insurance payments arranged by an employer and your employment has ended.

Are you getting any pension income?

No please go to Part 5

Yes please provide details below

Pension Income Details

Your first (or only) pension income – name and address of the pension provider

<input type="text"/>
Postcode

Phone number of the pension provider

What is the pension reference number?

How much pension is due before income tax is taken off?

£

How much pension is actually paid after income tax is taken off?

£

How often is the pension paid? (e.g. weekly, four weekly, monthly, quarterly)

When is this pension due to increase?

IMPORTANT – Please send us confirmation of your pension income, this could be one of the following:

- A letter of entitlement from your employer or insurance company who pay the pension; or
- A payment advice notice from your pension provider; or
- Wage slips or T14.

Your second pension income – name and address of the pension provider

	Postcode
Phone number of the pension provider	
What is the pension reference number?	
How much pension is due before income tax is taken off?	£
How much pension is actually paid after income tax is taken off?	£
How often is the pension paid? (e.g. weekly, four weekly, monthly, quarterly)	
When is this pension due to increase?	

If you receive more than two pensions, please provide the details on a separate sheet of paper.

Part 5

Extra benefit being paid for you

Is anyone getting extra money added on to their Social Security benefit for you?

(Please tick **Yes** if anyone is waiting to hear about extra money added on to their Social Security benefit for you.)

No Yes

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

Surname	
Other names	
Address	
	Postcode
Name of benefit	

Part 6

Your Doctor

Doctor's name	
Address	
	Postcode

Part 7

Payment of your Incapacity Benefit

If you are entitled to Incapacity Benefit you can either collect your benefit weekly at a Post Office of your choice (for this option you will need to enrol for a MiCard if you haven't already got one) or you can have it paid by direct credit into your bank or building society account (if you already receive a benefit/allowance by direct credit it will be paid into the same account). Please complete **a)** if you would like to be paid by direct credit or **b)** if you would like to collect your Incapacity Benefit at a Post Office.

a) Name and address of bank or building society		
	Postcode	
Sort Code 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"/>	Type of account (deposit, current etc.) <input type="text"/>
Account 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"/>	
Name account is held in	<input type="text"/>	
b) Name of Post Office	<input type="text"/>	
<input type="checkbox"/>	I already have a MiCard	<input type="checkbox"/> I need to enrol for a MiCard

If you are not signing this form on behalf of somebody else, go to Part 9

Even though you can complete this form for somebody else, they must still sign it themselves unless -

- they cannot manage their own affairs
- they cannot sign for themselves

You can only sign this form if one or more of the following boxes apply. Tick all the boxes that apply to you.

I have a power of attorney for them which has been registered with the Courts

Please send a copy of the deed which shows the date of the Court decision and the seal of the Court.

I am a receiver for them under a court order

Please send a copy of the court order which appointed you as receiver with this form

The Social Security Division of the Treasury has already appointed me to get their benefits and deal with their Social Security matters

I wish to be appointed by the Social Security Division of the Treasury to receive their benefits and deal with their Social Security matters because they cannot manage their own affairs or cannot sign for themselves

We will get in touch with you about this.

Please tell us about yourself here -

Your full name

Your National Insurance (NI) number

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

Your date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your address

<input type="text"/>
Postcode

Daytime telephone number

Email address (optional)

When we collect information about you we may use it for any of our purposes, including dealing with benefits and allowances, employment and training and occupational and personal pension schemes.

We may get information about you from others for any of our purposes if the law allows us to do so.

We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, contact any of our offices or visit our website at

<https://www.gov.im/about-the-government/departments/treasury/privacy-notice/>

On occasion, Social Security may wish to contact you to find out more about the service you have received in order to make improvements. To do so, we will use the data we hold about you to make contact.

Participation is voluntary and you can refuse to be involved at any time.

I understand and agree that Social Security may use the information they hold about me to contact me for feedback on their services.

I understand and agree that any feedback I provide will be anonymised and will in no way affect my claim to benefit.

Please tick this box to confirm you understand and agree

I agree that the Social Security Division of the Treasury, and any Health Care professional advising the Department, may ask:

- any doctor who has treated me; or
- any hospital or similar facility where I have been treated; or
- anyone 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 request for this claim to be reviewed and that the information may be given to that doctor or the Social Security Division of the Treasury.

I also understand that the Social Security Division of the Treasury 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; or
- any other benefit I may claim in the future.

Signature

Date

Please continue below with **'Your declaration'**

I understand that if I give information that is incorrect or incomplete, action may be taken against me.

I declare that I have not worked during the period of sickness or incapacity which I have stated on this form and that the information I have given is correct and complete.

This is my claim for Incapacity Benefit.

Signature

Date

If you have signed this form for someone else please tick here and ensure you have completed Part 8

Please continue below with **Part 13**

Please read this carefully and sign in the space provided overleaf to confirm you understand it.

Your award of Incapacity Benefit will be worked out using the information you have given to us.

If any of this information changes, you **must** tell the Incapacity Benefit Team as soon as possible and before collecting any more benefits from the Post Office or further payments being made to your bank or building society account.

If you are not sure whether we need to know about a change in your circumstances, tell us anyway. We can then decide if it affects your award.

If you are paid via MiCard – Before you collect your benefits from the Post Office using your MiCard you will be asked to confirm that your circumstances have not changed since you last reported them to The Treasury.

If you need to tell us about a change in your circumstances, use the "Changes in Circumstances" form (BP9).

Undertaking work

Note that you should not do **any** work while claiming Incapacity Benefit unless that work is Permitted Work. To ensure the work is Permitted Work you should complete the form PW1 and submit to the Incapacity Benefit Team before you do any work. Following receipt of this form, the Incapacity Benefit Team will confirm in writing to you whether or not the work you intend to undertake is considered to be Permitted Work, and whether any conditions apply.

Types of changes in circumstances you must tell us about

These are some of the types of changes you **must** tell us about if they apply to you:

- You go back to work
- You do any work at all (even if it's voluntary or unpaid work)
- You start to receive an occupational pension, a personal pension, a public service pension, or a temporary injury award (TIA) or if there is any change in the amount of a pension or award you have already told us about
- You go into prison or legal custody
- You go abroad or you are going to go abroad
- You move to a different address
- You stay anywhere else

If you are also claiming Income Support there are other changes you must tell the Income Support Team about. These changes are outlined in the Income Support claim form (A2), Review Form (A2R) and award letters.

If you don't tell us about a change that you should have told us about

If there is a change in your circumstances that affects your Incapacity Benefit that you do not tell the Incapacity Benefit Team about you may commit a criminal offence and action could be taken against you including prosecution.

Also, if as a result of you not telling us about a change in your circumstances you are paid benefit to which you are not entitled you will have to pay this money back.

You are required to tell the Incapacity Benefit Team about any relevant changes, even if you have already told another social security benefit team or another part of The Treasury about it.

If your claim is successful, we will remind you of these changes in the letter we send you confirming your award. You should keep a copy of this letter to refer to in future.

Declaration

I understand the types of changes that I need to tell the Incapacity Benefit Team about and that failure to do so could lead to an overpayment of benefit which I will be required to repay and which may result in action being taken against me, including prosecution.

Your full name

Your signature

Date

Part 14

What to do now

Make sure that

- you have answered all the questions on the form that apply to you; and
- you have signed the form

before sending this form to the address shown in the notes.

Send it to us straightaway. If you wait you could lose benefit.

Part 15

What happens next

If you can get Incapacity Benefit we will write to tell you how much you can get and from when.

If you cannot get Incapacity Benefit we will write to tell you why not.

For office use only – use only when the form has been completed by a member of staff

I have read back to the customer the entries I made on this form based on the information given by them.

The customer agreed that the entries were correct.

Interviewing officer's
signature

Date

Customer's signature



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Form SC1 April 2018