

Application for Temporary Injury Allowance

Important: Please complete this form in CAPITAL LETTERS and in BLACK INK

Section **A** To be completed by the **Applicant**
Section **B** To be completed by the **Employment Department**

Guidance to all contributors of this application

This form must be completed for all Temporary Injury Allowance (TIA) applications.

Before completing this form please read carefully the TIA Process and Procedures guidance.

Important Note: The award of injury benefit to individuals who have been affected by a work related injury may **not** be due if the accident or illness was wholly or mainly due to or seriously aggravated by their own culpable negligence or misconduct. Payment of this allowance is not an acceptance of blame on either the employee or employer.

A To be completed by the Applicant

Part 1 - Complete for all applications

1. Title (tick) Mr: Mrs: Miss: Ms: Dr:
2. Surname
3. Other Names
4. Maiden Name (if applicable)
5. NI Number
6. Date of Birth / /
7. Payroll Reference
8. If you are in the Unified Scheme, has an application for a pension on ill-health grounds? No: Yes:
9. Are you claiming, or are you awaiting the outcome of a claim, for any Incapacity Benefits, from the Social Security in respect of your injury/disease etc?
No: Yes:

You must inform us in the box below of any other benefits or pensions you are receiving or if you are appealing against any Social Security decisions.

Please give the address and telephone numbers of the Social Security officers dealing with your benefits.

10. Do you have any educational, professional or technical qualifications? No: Yes:

If **YES** please give full details.

Subject	Qualification (GCSE/GCE/Diploma/Degree etc)	Grade

11. Have you made, or do you intend to make, a claim for damages against your employer, or a third party because of your injury/disease? No: Go to item 12
Yes: Complete the boxes below

Name and Address of my representative is:

Their telephone Number is:

Their Reference Number is:

Has the claim been settled?

No: Yes:

I understand that:

If I receive any damages or compensation in respect of the matters giving rise to my claim for Temporary Injury Allowance that the amount of benefit I may be entitled to may be reduced; and

If I receive any damages or compensation after I have been awarded a Temporary Injury Allowance I will have to repay some or all of that benefit.

12. Has a claim been made under the Criminal Injuries Compensation Scheme because of your injury/disease? No: Yes:

TO BE SIGNED IN ALL CASES

13. Damages or Compensation

You must carefully read the accompanying guidance before signing this declaration.

I declare that I have read the Temporary Injury Allowance Process and Procedures and understand the following:

I cannot receive all of my damages or compensation recovered from any source (such as Criminal Injuries Compensation Scheme) for the same injury and all of my Injury Allowance. If I am entitled to Injury Allowance, my employer will offset from my Injury Allowance any (meaning 'all') damages or compensation recovered for the same injury as I am claiming for here. Only where a loss of earnings element is clearly identifiable and delineated in the settlement my employer may, in certain circumstances, limit the amount to be offset to that amount.

This means that:

If I have already recovered damages or compensation before making this claim I must tell my employer on this claim form so that my Temporary Injury Allowance can be adjusted (reduced) from the outset to take into account the damages or compensation. I am aware that depending on the amounts involved, this could result in me not being entitled to any injury Allowance payments.

If I recover damages or compensation in respect of the same injury as I am claiming here after I have made this claim but before any payment is made, I must tell my employer immediately so that my Injury Allowance can be adjusted (reduced) from the outset to take into account the damages or compensation. I am aware that depending on the amounts involved, this could result in me not being entitled to any Injury Allowance payments.

If I have made a claim for damages or compensation but it has not been settled by the time my Temporary Injury Award can be paid, my employer will pay me any award I am entitled to on account and on the clear understanding that I must notify them of the details within 14 days of the settlement and that, depending on the amounts involved, when the offset is calculated I will have to repay some or all of the injury allowance I have been paid and my allowance will be either reduced or stopped.

Signature:

Date:

16. Please give the names and hospital addresses of the Occupational Health doctor and any other doctors, specialists or consultants you have consulted because of the injury/disease you are claiming for. If you know their telephone and / or fax details, please include them.

(i) Occupational Health Doctor:

O.H. Doctor's Address:

O.H Doctor's Telephone Number:

(ii) Other Doctor/Specialist/Consultant:

Other's Address:

Other's Telephone Number:

(iii) Regular General Practitioner:

Practitioner's Address:

Practitioner's Telephone Number:

Practitioner's Fax Number:

(iv) Please attach any **Medical Reports** or information that you think will help your application. Please list here **ALL** the supporting documents you are sending.

17. **Declaration and signature of Claimant**

Please read and sign below. Without this signed declaration your application will not be considered.

I declare that:

- to the best of my knowledge and belief the information I have given on this form is correct and complete.
- I am applying for Temporary Injury Allowance due to an injury/disease which I consider to be wholly or mainly attributable to my employment and is not due to or seriously aggravated by my own culpable negligence or misconduct.

I understand that:

I have read and understood the Temporary Injury Allowance Process and Procedures guidance supplied to me by my employer and that completion of this application form enables me to be considered for a Temporary Injury Allowance.

I understand that the Temporary Injury Allowance will be paid up to a maximum of 85% of my full sick pay and will cease after 12 months.

If I have received any damages or compensation in respect of my claim for Temporary Injury Allowance, any injury allowance that I may be entitled to may be reduced, and I may have to pay some back.

I understand that my employer will contact the Social Security Division, Treasury to seek their confirmation of the amount of any state benefits I may be entitled and the amounts in payment.

If I have received certain Social Security benefits or pension benefits, any Temporary Injury Allowance that I am entitled to may be reduced and I may have to pay some back.

I understand that my employers Medical Adviser will contact me separately and I may be asked to attend a medical review and/or provide my consent for the release of my medical details for the schemes medical advisers.

I agree that any medical information necessary to decide my case will be obtained by me at my expense from my General Practitioner/Consultant, and or other sources. I give consent for my employer or their Medical Advisers to approach my Occupational Health Department or any other relevant sources for information if required.

Signature:

Date:

19. **We need your consent to access information about your claim**

To be completed by the applicant.

Please read the following guidance about release of medical information before completing this section, then sign and date the declaration and consent on the next page. Failure to provide information will result in your application being delayed or rejected.

The employer may need additional reports from *your doctor, so that it can consider your application for Temporary Injury Allowance. (*This means any doctor who has treated you, or cared for you, or who has been involved in diagnosing your condition, and includes an Occupational Health Doctor).

Access to Medical Reports Act 1988

The Medical reports your doctor prepares for the employer or its medical advisers are subject to the 'Access to Medical Reports Act 1988'. Under that Act you can either:

- allow your doctor to send it straight to the employer without you seeing it first, or
- ask to see the report **before** they send it to the employer, or
- you can instruct the doctor **not** to send the report to the employer at all.

Reports written by a doctor who has not been involved in your treatment, care or diagnosis or medical records that already exist are **NOT** subject to the Access to Medical Reports Act 1988.

If you decide that a report requested by your employer or its medical advisers can come straight to your employer without you seeing it first, you can still ask to see it at any time up to 6 months after we receive it.

The 'Consent' you sign at the end of this section will tell your doctor whether you wish to see any report they prepare before they send it to your employer. If you decide you want to see the report **before** your doctor sends it, you have 21 days from when the employer asks for the report to let your doctor know that you wish to see it. You can view the report for free, but your doctor is entitled to charge you a reasonable fee if you want a copy for yourself. Your doctor can withhold all or part of the report from you. But, if they do so for professional medical reasons, they must tell you that they are doing so.

If you think that the report your doctor has prepared is misleading or incorrect in any way, you can ask them **in writing** to amend it. Your doctor can refuse to amend the report, but if they do they will invite you to send a letter with your comments that they can attach to the report, before they send it to your employer.

Release of medical information and examination by an independent doctor

In order to clarify or confirm certain aspects of your medical condition the employer may sometimes need to ask for other medical, or relevant information (e.g. from your GP or Specialist). The employer may also need you to be examined by its' independent medical adviser. So that they understand what benefit you are claiming for them employer may need to pass any or all of the reports and medical or relevant information to them. Your employer will also need to pass all the information it gathers to its Medical Advisers.

If you do not agree to the release of reports or other information about your medical condition, your employer may be unable to consider your application for benefits.

Your consent under the Access to Medical Reports Act 1988

I declare that I have read and understood the guidance about the Access to Medical Reports Act 1988.

Please tick one of the following choices.

I do not want to see any report from my doctor(s) **before** it is sent to my employer.

I want to see any report from my doctor(s) **before** it is sent to my employer.

Your consent for release of information

Please tick one of the following choices.

"I agree that for the purpose of considering my application, my employer and or their medical advisers can obtain information from Social Security Division or any doctor or specialist who has been involved in my care that is relevant to this claim."

"I do not agree that for the purpose of considering my application, my employer and or their medical advisers can obtain information from Social Security Division or any doctor or specialist who has been involved in my care that is relevant to this claim"

Please tick one of the following choices.

I agree to attend any medical examinations by an independent doctor if necessary.

I do not agree to attend any medical examinations by an independent doctor.

Your signature:

Print name:

Home address:

Home telephone number:

Date:

Please check the form and return to your employer with any supporting documentation. Once your employer has completed Part B, they will submit it to the Accounting Officer for determination of this claim.

Part 2 - Continued

7. Pay Details

(a) Annual Rate of sick pay £

8. Complete this part only if the applicant has changed to lower paid employment

(a) What is the applicant's job **after** the change to lower paid employment?

(b) Where do they work? (e.g. Name of Department, unit etc)

(c) Rate of pay in new job? £ per annum

(d) Rate of pay before change? £ per annum

(e) Is the pay protected? No: Yes: for how long

(f) Is this employment part time? No: Yes: hours worked per week

Tick here if hours vary

9. Is the employee claiming compensation (damages) from the employer? No: Yes:

If **yes** please complete the boxes below

The Employing Department Solicitors/Insurers details

Full Name:

Address:

Telephone Number:

Reference Number:

Part 3 - Complete in all cases

All cases: Please send the following documents with this form

Please Tick

Accident Reports/RIDDOR

Job Description

Reports by Occupational Health Doctors

Copies of any internal investigation reports connected with this claim

Employer Statement

In the Employing Authority's opinion was the injury or disease wholly or mainly due to or seriously aggravated by the claimant's own culpable negligence or misconduct?

No:

Yes:

Declaration on behalf of Employing Authority:

As an Officer for the,

I certify that the details given in Section B Parts 2 – 3 are correct to the best of my knowledge and belief

Signature:

Please Print Name:

Status:

Telephone Number:

Email Address:

Date:

Forward to your accounting Officer for consideration and determination of this claim.

As Accounting Officer for the

I have fully considered this claim and determine that it is / is not approved (delete as appropriate).

Signature:

Please Print Name:

Date:

Please advise the claimant, in writing, of the outcome of this claim.