



**Application for a payment**

# Mesothelioma and other lung diseases

**Fill in this form if**

- you suffer from diffuse mesothelioma or another lung disease, or
- you were the partner of a sufferer who has died, or
- you are, or acting for, a child or qualifying young person or other dependant of a sufferer who has died

# **NOTES - please read these notes before you fill in this form**

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## **What is the 2008 Diffuse Mesothelioma Scheme?**

Under this scheme you can get a single lump sum payment if you suffer from Diffuse Mesothelioma. This does not have to have been caused by work. But if you got this disease because of the work you used to do for an employer, you may be entitled to a payment under the Pneumoconiosis etc (Workers Compensation) Order 1979, see below.

**If you have Diffuse Mesothelioma** and you did not get it from work complete **Parts 1, 4** and **Parts 6 to 11** of this form. We will consider the payment under the 2008 Diffuse Mesothelioma Scheme.

*Note: You will need to provide a letter from your medical practitioner, for example, a nurse from the lung cancer nurses network, or your doctor or consultant. The letter must show the date you were diagnosed with the disease.*

## **What is the Pneumoconiosis etc (Workers' Compensation) Order 1979?**

People who suffer from some lung diseases caused by specific dusts can get help under the Pneumoconiosis etc (Workers Compensation) Order 1979. You can make a claim if you cannot get damages from the employer who caused or contributed to a lung disease.

The lung diseases you can claim for are

- Diffuse Mesothelioma
- Pneumoconiosis (including silicosis, asbestos and kaolinosis)
- Primary carcinoma of the lung where there is accompanying evidence of one or both of the following
  - asbestosis
  - bilateral diffuse pleural thickening
- Diffuse pleural thickening
- Byssinosis

**If you have one of the lung diseases**, including Diffuse Mesothelioma and it was caused by **your work**, we will consider a payment under the Pneumoconiosis etc (Workers Compensation) Order 1979

- if you have been awarded Industrial Injuries Disablement Benefit for one of the lung diseases
- if no court action for damages has been brought in relation to the lung disease and no out of court settlement received.
- if the employer who caused or contributed to dust exposure has ceased trading, **or**
- if the employer is still trading, there must be no realistic chance of getting damages, **or**
- the work which caused the lung disease was more than 20 years ago.

Complete **Part 1** and **Parts 4 to 11** of this form.

## **Partner and dependants**

If a person has

- suffered from one of the lung diseases, **and**
- has died

their dependants can make a claim, but must do so within 12 months of the date of death. Please include the death certificate with the application. You can find more information about both schemes on our website - [www.nidirect.gov.uk](http://www.nidirect.gov.uk)

## **How do I apply?**

Fill in this form and return it to:

Industrial Injuries Branch, Castle Court, Royal Avenue, Belfast BT1 1SD tel: 028 9033 6000

## **When must I apply?**

You must apply as soon as you are aware that you have a lung disease.

- If you are claiming under the 1979 Order, you must claim within 12 months of the date you were awarded Industrial Injuries Disablement Benefit.
- If you are claiming under the 2008 Scheme, you must claim within 12 months of the date you were diagnosed
- If you delay we might not be able to pay you

**Note - if you go on to get any other compensation, we may recover the money we paid you under these schemes from the compensation.**

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

# PART 1

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## About you

### National Insurance (NI) Number

You can find the number on your NI numbercard, letters from social security or payslips

Letters	Numbers			Letter
<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"/>

### Surname or family name

### 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

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

### Home phone number

Code	Number
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### Mobile number

### Email address

### Date of birth

 

### Reason for claiming

I am the sufferer

 Go to **Part 4**

I am the surviving partner

 Go to **Part 3**

I am a dependant of the late sufferer

 Go to **Part 2**

# PART 1 continued

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## *Filling in the form and signing it for someone else*

Only complete this section if you have filled in the form for 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 Social Development has appointed me to get the applicant's benefits and deal with social security matters on the applicant's behalf.

The applicant is unable to manage their affairs because of mental illness or mental disability

Any other reason - please explain

### Please tell us about yourself

Your Surname or family name

All other names - in full

Your address

Day time phone number 

Code	Number
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What is this number? Home  Work   
Mobile  Fax

Date of birth

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

Letters	Numbers			Letter
<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"/>

## PART 2

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### *About a claim from a dependant*

What was your relationship to the sufferer?

Were you dependant on the sufferer at the time of their death?

Yes  No  If Yes please tell us about this below

Are there any other children or young persons, or dependant relatives who you think may be entitled to a payment under the Order?

Yes  No  If Yes please tell us about this below

Surname or family name of **first relative**

All other names

Address

  
  
  
 Postcode

Date of birth

 /  / 

Surname or family name of **second relative**

All other names

Address

  
  
  
 Postcode

Date of birth

 /  / 

If you need to tell us about other dependant relatives, please use a separate sheet of paper. Make sure you put your full name and National Insurance (NI) number on each sheet you use.

Now go to **Part 3**.

## PART 3

### *About the sufferer*

**Their surname or family name**

Mr/Mrs/Miss/Ms/Dr/Rev

**All other names - in full**

**All other surnames or family names they have been known by.**

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

**Their last address**

Postcode

**Their date of birth**

**Their date of death**

If you have the death certificate, send it to us with this form.

**Their National Insurance (NI) number**

You can find the number on their NI numbercard, letters from social security or payslips.  
Now go to **Part 4**.

Letters

Numbers

Letter

## PART 4

### *About the lung disease*

**Which lung disease are you claiming for?** Tick the boxes that apply.

Diffuse Mesothelioma  Was this contracted at work? **Yes**  Please go to next question - and then to **Part 5**

**No**  Please go to next page - and then to **Part 6**

Asbestosis

Pneumoconiosis

Diffuse Pleural Thickening

Byssinosis

Primary Carcinoma of the lung accompanied by Asbestosis or Diffuse Pleural Thickening

## PART 4

### *About the lung disease*

If you are the sufferer, do you get, or have you ever applied for, Industrial Injuries Disablement Benefit (IIDB)?

or

If you are applying on behalf of the late sufferer, did you get, or did they ever apply for, Industrial Injuries Disablement Benefit (IIDB)?

Yes  No

#### **Only answer these questions if you contracted Diffuse Mesothelioma outside work.**

What is your GP's name and address?

Postcode

If you have a specialist nurse, what is their name?

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What is the name of your consultant?

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What is the hospital address?

Postcode

We need to see a letter from a specialist cancer nurse or specialist in oncology or specialist respiratory disease nurse or NHS consultant confirming you have mesothelioma.

#### **Please tell us the dates you lived in NI?**

*If you are not sure, please give rough dates.*

From

To

From

To

From

To

Now go to **Part 6**.

## PART 5

### *The employment history*

It is important that you fill in this form fully. We need to know the employment history from leaving school up until retirement.

	Job 1	Job 2
<b>Name and address of employer</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
<b>Employers phone number, if you know it</b>	Code      Number <input type="text"/>	Code      Number <input type="text"/>
<b>Type of work</b>	<input type="text"/>	<input type="text"/>
<b>Business at the work place</b>	<input type="text"/>	<input type="text"/>
<b>When did you work there?</b> <i>If you are not sure of the date, give an approximate date</i>	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Were you exposed to harmful dust?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If <u>Yes</u> what kind of dust.</b>	<input type="text"/>	<input type="text"/>
<b>Were you exposed to asbestos?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



# PART 5

## About your work - continued

	Job 3	Job 4
Name and address of employer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
Employers phone number, <i>if you know it</i>	Code      Number <input type="text"/>	Code      Number <input type="text"/>
Type of work	<input type="text"/>	<input type="text"/>
Business at the work place	<input type="text"/>	<input type="text"/>
When did you work there? <i>If you are not sure of the date, give an approximate date</i>	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>
Were you exposed to harmful dust?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <u>Yes</u> what kind of dust.	<input type="text"/>	<input type="text"/>
Were you exposed to asbestos?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## PART 6

### *Compensation or court action*

**Have you been paid or are you waiting to hear about any compensation because of the disablement?**

For example:

Yes  No

- damages awarded by the court
- an out of court settlement
- compensation from an employer
- payment from Armed Forces Compensation Scheme, **or**
- payment from Coal Workers Pneumoconiosis Scheme

**Do you have a solicitor or any other legal representative acting on your behalf in bringing court action or a claim for compensation?**

Yes  No

If Yes please tell us about them below

Name

Address

Postcode

Phone number

Code

Number

**Solicitor's reference number** - *it is important that you tell us the reference number your solicitor has given you. If you do not know the reference number, ask your solicitor about it.*

**If at any point during your application you should get any compensation or start a court action because of the disablement, you should tell us right away.**

Use this space to tell us about any claim for compensation you have ever made from any source in connection with any lung disease. **Please give details of the claim and when it was made.** *If there is not enough space, please use a separate sheet of paper. Make sure you put your full name and National Insurance (NI) number on each sheet you use.*

Now go to **Part 7**.

# PART 7

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## *How we pay you*

We normally pay your money direct 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 payment and how much it will be for.

***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 payment we have made. If you think the payment is wrong, get in touch with Industrial Injuries Branch, Castle Court, Royal Avenue, Belfast BT1 1SD. Telephone (028) 9033 6000.

***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 payment into an account

### ***What to do now***

- Tell us about the account you want to use below. 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.
- 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 on page 9 or 10.**

**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

- if you want us to pay your money into a UK account, tell us about this in ***UK account details.***
- if you want us to pay your money into an overseas account, tell us about this in ***Overseas account details.***

### ***UK account details***

#### **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 the bank or building society**

#### **Sort Code**

*Please tell us all 6 numbers, for example: 12-34-56*

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#### **Account number**

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

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## *What to do now*

Send this claim form to.

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

Do not delay, or you could lose money.

## *How we collect and use information*

We, the Department for Social Development (DSD), collect information to deal with Social Security, Child Support, employment and training, housing and community development and urban regeneration (redeveloping towns, cities and villages). The information we collect about you depends on the type of 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 may have. We may get information about you from other people and certain organisations.

We may give information to certain other organisations, as allowed by the law, to:

- check that the information is accurate
- prevent or detect crime
- protect public funds in other ways, and
- use in research statistics.

These other organisations include other government departments, authorities who deal with Housing Benefit and private-sector organisations (such as banks) 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 Data Protection Act.

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.nidirect.gov.uk](http://www.nidirect.gov.uk)

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