

NHS Injury Benefit applicant guidance
Please detach and retain for future reference

This form should only be completed for an injury or disease occurring on or before **30 March 2013**. SPPA will process applications received up to 30 March 2018 for an injury or disease occurring on or before 30 March 2013 and in cases where there has been an onset of disease up to 30 March 2038, which can be related back to an incident on or before 30 March 2013.

Your NHS employer will process claims for any injury or condition occurring on or after 31 March 2013. Please contact your employer (HR department) for further information about how to claim.

Form INJ1 should be completed in full wherever possible. Any incomplete sections will result in the application being returned to the relevant party with an explanation of why the form has been returned. Incomplete forms will result in a delay in processing.

Your NHS employer is responsible for submitting the completed application form and requested information to SPPA. SPPA NHS Injury Benefit Team will issue an acknowledgement of receipt of the completed form.

Benefits

If accepted, temporary injury benefits (TIB) may be paid for any period of certified sick absence where your income falls below the level of 85% of your average pensionable pay. TIB payments are subject to tax and national insurance deductions. Payments will be processed by SPPA then paid via your NHS employer's payroll. Should your NHS employment be terminated due to a qualifying injury or condition, permanent injury benefits (PIB) may be paid, if you are assessed by our medical adviser, as having suffered a permanent degree of reduction of earning ability of more than 10%.

If a person dies, or death is substantially hastened as a result of the injury or disease, benefits may be payable to a surviving partner and/or dependants. If such an event occurs, SPPA should be contacted.

Mandates

To enable us to process your application, please provide confirmation from the Department for Work and Pensions (DWP) of any payments made in respect of the qualifying injury or condition. SPPA must be informed if you are pursuing a compensation/damages claim in connection with the injury or condition and also if you are receiving any other personal pension(s) payable in respect of your NHS employment. NHS Injury Benefits can be affected by a further award of compensation and it is therefore, important that we are made aware of any such claim. Please read and sign the declaration on page 3 and enclose copies of any DWP awarding letters, where possible, for the relevant period being claimed.

Medical evidence

In order to be accepted for an award of NHS Injury Benefits, SPPA must be satisfied that the medical condition requiring sick leave absence was wholly or mainly attributable to the duties of your NHS employment. To help us make a decision about your case, we may require further medical information from your GP. If this is required, we will request this from you and forward an advice letter for you to give to your GP. If there is no clear medical evidence relating to the absence or the cause of injury, it will be necessary for the GP/Consultant to provide a specific report on the cause of injury and the subsequent sickness absence. Please note that you are responsible for the payment of any fees requested for providing such information.

If you send any additional information to SPPA separately, please mark your national insurance number on all documents and detail the additional information on page 2 of the INJ form. We recommend posting to us by recorded delivery.

PART 1 – to be completed by the applicant

Section 1 – Personal details (to be completed in all cases)

Complete all fields with the information requested. Please remember to keep SPPA fully updated with any changes to your contact details. If you are a member of the NHS Superannuation Scheme (Scotland), please quote your superannuation reference number.

Section 2 – Further information

1. Provide details of all NHS employment in the UK, Isle of Man and/or Northern Ireland. If you are applying for Permanent Injury Benefit, an up to date Curriculum Vitae (CV) is required.
2. Provide a statement in your own words, which should contain place of injury, type of injury, a description of the incident and where possible any witness names or treatment received at the time of your injury.
3. This information may be helpful if your case is referred to our medical adviser and in any potential injury benefits calculation. Any NHS superannuation pension in payment is taken into account as income with your injury benefit calculation, should your application be successful.
4. Certain Department of Work and Pensions (DWP) benefits are taken into consideration should your application be successful. You should provide copies of any DWP awarding letters which are relevant to the period or injury you are claiming. Any changes in these benefits should also be notified to SPPA in the form of a copy of your DWP revised award letter. By signing the declaration on page 4 this allows SPPA to carry out the relevant checks with the DWP to your benefit entitlement. Please note: Failure to disclose DWP benefits may result in an overpayment of Injury Benefits which would be recovered from you. You are responsible for informing SPPA of any changes in your benefits or circumstances.

Section 3 – Damages or Compensation Certificate

Any damages/compensation award or personal pension in respect of NHS employment, paid as a result of your injury, may have an impact on your injury benefits. If you are receiving or applying for any other personal pension or pursuing a damages claim, please give full details on the mandate on page 3.

Section 4 - Declaration

Declaration – Your application cannot be considered unless you complete this declaration which allows SPPA to approach other named bodies including the DWP, in order to obtain information relating to your injury or any benefits you may be receiving.

You are responsible for ensuring that your part of the form is completed correctly. Any incomplete forms will be returned to the relevant party for completion and may result in the application being delayed. Please check that Part 1 is completed and all the required information is provided. Once complete return your application to your employer. Please retain applicant guidance, it may also be in your interest to keep a copy of your application for future reference in case of any dispute.

Date Application form was passed to your employer: / /

**NHS (SCOTLAND) (INJURY BENEFITS) SCHEME
APPLICATION FOR INJURY BENEFITS**

This form should only be completed for an injury or disease occurring on or before **30 March 2013**.

Please note that injury benefits will not be payable if the accident or illness was wholly or mainly due to, or seriously aggravated by, your own culpable negligence or misconduct.

Please complete section 1 and forward to your employer who will complete section 2 and submit to SPPA.

PART 1 – TO BE COMPLETED BY THE APPLICANT

SECTION 1 – PERSONAL DETAILS (to be completed in all cases)

SPPA reference - your superannuation number
(if member of the NHS Superannuation Scheme (Scotland))

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Surname

Former surname (if applicable)

Forenames (in full)

Title

Dr Mr Mrs Miss Ms

Other title (please specify)

National Insurance number

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Contact address

Post code

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Date of birth (e.g. 18/07/1954)

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Telephone/mobile number

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Email address

What is your present or last place of employment in the National Health Service? (hospital and Health Board)

What was your job title at the time of your injury?

Date the injury occurred? (prior to 31/03/2013)

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SECTION 2 – FURTHER INFORMATION

1. Please give details of all your UK, Northern Ireland and Isle of Man NHS employment showing where you have worked, with dates if possible (continue on a separate sheet if necessary).

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2. Please give a description of the incident(s) leading to your injury or illness and the type of injury or illness suffered (continue on a separate sheet if necessary).

3. Are you receiving or applying for a NHS Superannuation Pension due to ill health? Yes No

4. Have you applied or are you in receipt of any DWP benefits as a result of your injury? Yes No

If the answer is “NO” to question 4 but you later claim DWP benefits you must notify SPPA immediately.

Please read and sign the declaration on page 4, enclosing copies of any DWP awarding letters you have received, where possible.

I have included the following documents with my application (please specify below, indicating if you have sent these to us separately). Do not send us originals unless you have to, copies are preferred. Please ensure all documents are marked with your national insurance number.

SECTION 3 – DAMAGES OR COMPENSATION CERTIFICATE

SPPA reference - your superannuation number
(if member of the NHS Superannuation Scheme (Scotland))

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Please tick the appropriate box.

1. I am currently pursuing a claim for compensation in connection with my work related injury/disease. I authorise SPPA to approach my legal representative who can be contacted at the address below.

2. My claim has been settled and I was awarded £..... in compensation. I authorise SPPA to approach my legal representative at the address below

Legal Representative name:

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My Reference number is:

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Address

Post code

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3. I am not pursuing a compensation claim at this time. I will notify SPPA if I decide to pursue such a claim in the future

4. I am receiving a Personal Pension or I intend to apply for payment from a Personal Pension. Please give details below,

Pension provider

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My Reference number is:

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Address

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I understand that NHS Injury Benefits can be affected by an award of compensation and I may be required to repay some or all of any NHS Injury Benefits paid to me. I will notify SPPA if I have received or receive a damages or compensation payment in respect of the same injury.

Signature

Print name

Date

 /

 /

SECTION 4 – DECLARATION (please read before signing)

(Without a signed declaration we cannot accept your application)

- I hereby apply for NHS injury benefits due to an injury/disease which I consider to be wholly or mainly attributable to the duties of my NHS employment in Scotland.
- I understand that certain DWP benefits paid in relation to my injury are taken into account with NHS injury benefit awards.
- I will notify SPPA if I have claimed or intend to claim any DWP benefits or if my DWP benefits change in amount or cease to be paid.
- I understand responsibility lies with me to keep SPPA informed of any changes in benefits.
- I agree to provide SPPA with copies of any awarding documents for DWP benefits and any subsequent changes to benefit awards (other than those relating to the cost of living increase applied in April of each year).
- I authorise SPPA to obtain medical evidence connected to my Injury Benefit Claim and/or monetary details of my DWP benefits, and any subsequent changes from the DWP.
- I agree that any medical information required to make a decision on my case, will be obtained by me at my expense from my GP/Consultant, and/or other sources.
- I give consent for SPPA to approach my Occupational Health Department or any other relevant sources for information if required.
- I am willing to undergo a medical examination if asked to do so.
- I understand that any payments of Temporary Injury Benefits are subject to tax and national insurance deductions and that my payments will be processed by SPPA and paid by my employer's payroll department.
- I understand that any overpayment of my injury benefits will be recovered and must be repaid by me.
- I will notify SPPA if/when I return to any NHS post or if my NHS employment is terminated.
- I declare the details I have given in Section 1 of this form are correct to the best of my knowledge.

Signature

Print name

Date / /

Employer guidance for completing application form INJ 1
(All parts to be completed by the relevant department)

This form should only be completed for an injury or disease occurring on or before 30 March **2013**. SPPA will process applications received up to 30 March 2018 for an injury or disease occurring on or before 30 March 2013 and in cases where there has been an onset of disease up to 30 March 2038, which can be related back to an incident on or before 30 March 2013.

PART 2 – HUMAN RESOURCES DEPARTMENT

This application cannot be processed by SPPA unless it is signed by a senior officer on behalf of the employing authority.

1. This question must be answered and the relevant written details provided including reason(s) why the employer considers the claimant was culpably negligent. If you cannot comment you must provide written reason(s) why you cannot comment.
2. The requested information must be provided where possible. If you are not able to provide any of the requested information because it does not exist please provide a written statement to verify this. Do not forward the application to SPPA without the requested information. SPPA will return any incomplete applications to the relevant party. Where re-employment has taken place please provide a job description for the new post.
3. Contact details, complete all fields with the information requested, these are required in case of any queries concerning any of the information provided.
4. Absence details must be provided as it is a requisite of our medical adviser. Please give specific reason for absence wherever possible. Important: If the applicant is still absent please state “ongoing”.

PART 3 - PAYROLL DEPARTMENT

Section 1A - Temporary Injury Benefit (TIB)

1 and 2. These dates are required as they will be the dates which affect the applicant’s benefits if they are successful.

3. The periods given must add up to 365 days and should end the day before the applicant goes on to reduced or nil pay. Periods of unpaid leave do not count when calculating the period of 365 days. If either of the previous two years are higher than the final year’s pensionable pay then the highest year should be used. If in any doubt please contact SPPA.

4. Pensionable pay details should be broken down into monthly periods. Any change in rates should be shown and the dates of change clearly shown. This information must be supplied on a monthly basis during the period of sick leave up to the date the applicant returns to full pay or has their employment terminated. Failure to provide ongoing monthly pay figures may result in late or no payment of injury benefits to the applicant, the reason for late or non payment will be made clear to the applicant

Section 1B - Permanent Injury Benefits (PIB)

This section should only be completed where the applicant’s employment is terminated or they are re-employed due to the injury.

Section 1C – Declaration

Complete all fields with the information requested, this section must be completed by the person responsible for verifying the figures provided. Any amendments to pay figures or dates provided should be notified to SPPA immediately to avoid any over or under payments.

You may wish to retain a copy of this form for reference.

PART 2 – TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT

This form should only be completed for an injury or condition occurring on or before 30 March 2013.

The following question must be considered carefully as the terms of the Injury Benefit Regulations do not apply to cases where the injury or disease was wholly or mainly due to, or seriously aggravated by, the applicant’s own culpable negligence or misconduct.

1. 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? If the answer is yes, please provide all relevant details.
- Yes No

Signature

Print

Job title

Date / /

2. In order to avoid delay in processing, the following information should, where possible accompany this application form. Tick the boxes to indicate which papers are being enclosed.

Accident Report form

Occupational Health Reports

Job description

Other papers included. Please specify below (for example - witness statements)

3. PLEASE PROVIDE THE FOLLOWING CONTACT DETAILS

Human Resources Department

Name

Telephone number

Email

Address

Post code

Occupational Health Department

Name

Telephone number

Email

Address

Post code

If a claim for damages/compensation is made by the applicant in respect of the injury or illness, please provide the name and address of the organisation responsible for processing this claim on behalf of the Employer.

Legal Contact

Name

Telephone number

Email

Address

Post code

4. DETAILS OF SICK LEAVE, PAID OR UNPAID, DURING THE LAST 5 YEARS OF NHS EMPLOYMENT

This information is required by our Medical Adviser in addition to any other medical information provided by the applicant and/or the employer. Please use an additional sheet if necessary.

Period to which entry relates (if applicant is still absent please state "ongoing")		Reason for Absence (Required)
From (start date)	To (return date or ongoing)	

PART 3 - TO BE COMPLETED BY PAYROLL DEPARTMENT

SECTION 1A -TEMPORARY INJURY BENEFIT (TIB) (see employer's guidance sheet)

1. a) Date applicant went on to reduced pay / /

b) Date applicant went on to nil pay / /

2. Date of termination of employment or re-employment (if applicable) / /

3. Details of average pensionable pay* prior to the date the applicant's pensionable pay was reduced. (i.e. prior to 1a or 1b above).

For part-time staff it is actual pensionable pay – not the whole time equivalent.

*The average pensionable pay means final year's (365 days) pensionable pay or the best year's pensionable pay in either of the previous 2 years if higher than the final year's pensionable pay. Periods of unpaid leave do not count when calculating the period of 365 days.

Note:

- Non superannuated staff - pensionable pay should be the gross pay which would have been pensionable if they had been a member of the NHS Superannuation Scheme.
- All reduced pay figures provided for Temporary Injury Benefit must be the employee's pensionable pay details.
- If an application for injury benefits is made and the applicant continues to be employed on either reduced or nil pay, employers are reminded that they must submit pensionable pay details a monthly basis. Please contact SPPA for advice on the pay details required.

Period for Pensionable Pay		Service No. of days	Whole time Pensionable pay (including OSPs)	Part-time Actual part-time pensionable pay (including OSPs)
From	To			

4. Provide particulars of pensionable pay paid to the applicant during periods of sick leave with reduced or nil pay. (i.e. from date at 1a or 1b on page 9).

Note:

All changes of rates of pay (with relevant dates) must be provided.
 Any statutory sick pay (SSP) should be provided separately (include rates and dates) in the earnings.
 Dates for Nil pay to be included (shown as NIL).

Please complete the following table with pensionable pay details for each adjustment in pay.

Applicant's name

Superannuation number

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	Dates of reduced pay		No. of days	Reduced pay received	SSP	Total gross pay received
	From	To				
1				£	£	£
2				£	£	£
3				£	£	£
4				£	£	£
5				£	£	£
6				£	£	£
7				£	£	£
8				£	£	£
9				£	£	£
10				£	£	£

Please complete if applicable

Date applicant went onto NIL pay	/	/	
Date SSP ceased	/	/	
Date applicant returned to work	/	/	
Date of termination	/	/	
Date of re-employment	/	/	

	Dates		Amount paid
	From	To	
Annual leave/lieu of notice			£

PART 3

SECTION 1B - PERMANENT INJURY BENEFITS (PIB)

Details of average pensionable pay* prior to the date of termination or re-employment (i.e. prior to date at Section 1A, question 2).

Periods of unpaid leave must not be included when calculating the period of 365 days.

*The average pensionable pay means final year's (365 days) pensionable pay or the best year's pensionable pay in either of the previous 2 years if higher than the final year's pensionable pay

Note:

- Non superannuated staff - pensionable pay should be the gross pay which would have been pensionable if they had been a member of the NHS Superannuation Scheme.
- All figures provided for Permanent Injury Benefits must be the employer's pensionable pay details.

Period for average pensionable pay		Service No. of days	Pensionable pay on which employers contributions are based		Notes
			Whole time	Part-time	
From	To		Pensionable pay (including OSPs)	Actual part-time pensionable pay (including OSPs)	Please show dates of unpaid leave or unpaid sick leave

If re-employed in a new post please provide new annual salary rate £

If part time employment, part time fraction for contracted hours i.e. 20/37.5 /

PART 3
SECTION 1C - DECLARATION

It is essential that information provided is accurate as benefit calculations are dependant on this and any adjustments must be notified to SPPA as quickly as possible. Incomplete forms will be returned to the relevant party stating why they have been returned.

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Email																					

Please return* completed form and all relevant documents to:

SPPA
NHS Injury Benefits Team
7 Tweedside Park
Tweedbank
Galashiels
TD1 3TE

Telephone: 01896 893000 (ask for injury benefits when prompted)
* SPPA recommend posting by recorded delivery.