

Employment and Support Allowance

We need to look again at your claim to Employment and Support Allowance (ESA) to check that you're getting the right amount of money. We need information from / /

When answering the questions we only need to know about your circumstances from this date.

Only fill in this form if

You were getting Incapacity Benefit which was replaced with contribution-based ESA.

Don't complete this form if during the whole time between / / and now:

- you have a partner and they're working for 24 hours or more a week
- you have savings over £16,000, or
- you have a partner who has savings over £16,000

For information about other benefits you may be able to get, please visit www.gov.uk/benefits-calculators.co.uk

If you would like this form in Braille, large print or audio, please call us on **0800 169 0346** and tell us what you need.

This form is available in Welsh if you live in Wales. If you wish to speak with us in Welsh, please call us on **0800 012 1888**.

What you need to do now

Read the notes before filling in this form.

When you fill it out, answer all the questions that apply to you and your partner, if you have one. Send us the completed form, in the enclosed envelope, with all the documents we have asked you for. Please note, it can take 7 days to reach us by post.

Send the form back to us within one month of the date on the letter that came with this form.

If you need help filling in this form

If you have any difficulties filling out this form, someone else can do it for you. You can ask a friend or relative or an organisation that you know and trust to help you. You can also call us on **0800 169 0346** and we will help you to complete it over the phone.

Please fill in this form using BLACK INK and CAPITAL LETTERS.

For our use:

Office code

Issue date

 / /

jobcentreplus

Department for
Work and Pensions

ESA3(IBR) 06/18

Notes

What is Employment and Support Allowance?

Employment and Support Allowance (ESA) is a benefit for people who have a disability, illness or health condition that affects their ability to work.

Work focused interviews

We may ask you to go to work focused interviews that will help you get back into work. We will contact you about these. If you do not take part in these interviews, we may reduce your benefit.

Payments of ESA could be reduced if you don't take part in these meetings if you're asked to.

Contribution-based Employment and Support Allowance

You may get contribution-based ESA if you have paid or been credited with enough class 1 or class 2 National Insurance contributions in the last two relevant tax years. You won't get contribution-based ESA if you have credits only and no paid contributions.

Depending on the outcome of a Work Capability Assessment, contribution-based ESA is paid for a maximum of 365 days if you're placed in the work-related activity group. There's no time limit on how long you can claim contribution-based ESA if you're in the support group.

You may get contribution-based ESA if you've lived or worked abroad and paid enough UK National Insurance (or the equivalent in an EEA or other country with which the UK has an agreement).

You may get a lower amount of benefit if you get:

- other benefits
- a personal or occupational pension
- a public service pension

Your savings will not affect your contribution-based ESA.

Income-related Employment and Support Allowance

You may be able to get income-related ESA in addition to contribution-based ESA. How much you could get depends on your situation. You can claim income-related Employment and Support Allowance for:

- you and your partner
- some housing costs

You may get a lower amount of income-related ESA if you or anyone you are claiming for has:

- savings over £6,000
- money coming in each week. For example:
 - earnings from part-time work
 - other benefits
 - your partner's earnings
 - personal or occupational pensions

You won't be able to get income-related ESA if your partner is working for 24 hours or more a week (this doesn't apply to some jobs such as childminder and charity worker) or you have more than £16,000 in joint savings.

If you are claiming for a partner

We may ask your partner to go for work focused interviews. If we need your partner to go for an interview, we'll contact them after you've been getting income-related ESA for 26 weeks or more.

If they don't take part in these interviews, it may affect your benefit.

A partner is:

- a person you live with who is your husband, wife or civil partner, or
- a person you live with as if you are a married couple

Notes continued

Child Tax Credit

ESA does not include money for children or qualifying young people. But you can claim Child Tax Credit.

To find out more about Child Tax Credit visit www.gov.uk/browse/benefits

How the Department for Work and Pensions (DWP) collects and uses information

When we collect information about you we may use it for any of our purposes. These include dealing with:

- social security benefits and allowances
- child support
- employment and training
- financial planning for retirement
- 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, visit our website at www.gov.uk/personal-information-charter or contact any of our offices.

Our service standards

Details of the standard of service you can expect from us can be found by searching for DWP Service Standards at www.gov.uk

You can access our website from many libraries.

For more information please contact Jobcentre Plus.

More information

To find out more, ask for a leaflet about Employment and Support Allowance from DWP or visit www.gov.uk/browse/benefits

The information you give us, on this form, must be from the date on the front of this form.

Part 1: About you and your partner

We need information about your partner or partners you have had since the date we've put on the front page of this form.

We use 'partner' to mean:

- a person you live with who is your husband, wife or civil partner, or
- a person you live with as if you are a married couple

Surname

First name and any other names

Any other surnames you have been known by

Title

Date of birth

Email address

National Insurance number

You can get this from payslips or from tax papers.

Address

Please tell us your address, and tell us your partner's address, if it is different.

Address, if it was different since the date we've put on the front of this form

If you need to tell us about more than one other address, use the space in **Part 20 Other information**.

Mobile phone number This is the number we'll use to send you a text if we need to.

Daytime phone number, if different

You

Everyone must fill in this column.

Mr Mrs Miss Ms Other title

Letters Numbers Letter

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

Postcode

Postcode

Code Number

work home

Your partner

Fill in this column if you have a partner.

Mr Mrs Miss Ms Other title

Letters Numbers Letter

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

Postcode

Postcode

Code Number

work home

Part 1: About you and your partner continued

Nationality

For example, British.

If you are homeless please tell us where we can get in touch with you.

You

Please say where we can get in touch with you in the box below.

Postcode

Your partner

Please say where we can get in touch with you in the box below.

Postcode

What is your marital or civil partnership status?

We use 'partner' to mean:

- a person you live with who is your husband, wife or civil partner, or
- a person you live with as if you are a married couple

Tick all the boxes that apply. If you tick more than one box, please tell us why in **Part 20 Other information**.

- Married or civil partner
- Divorced or civil partnership dissolved
- Single
- Separated
- Living together
- Widowed or surviving civil partner

Date became widowed or surviving civil partner

- Married or civil partner
- Divorced or civil partnership dissolved
- Single
- Separated
- Living together
- Widowed or surviving civil partner

Date became widowed or surviving civil partner

Are you expecting a baby?

If you are expecting a baby or have a child under four, you may qualify for Healthy Start vouchers and vitamins. Call the Healthy Start helpline on **0845 607 6823** or visit www.healthystart.nhs.uk for an application leaflet.

No Go to **Part 2**.

Yes What date is the baby due?

No Go to **Part 2**.

Yes What date is the baby due?

Have you had a baby in the 39 weeks before the date you are claiming from?

No

Yes What date was the baby born?

No

Yes What date was the baby born?

Part 2: About periods spent in hospital

Have you been in hospital as an in-patient from the date on the front of this form?

Name and address of hospital

Please provide dates that you have been an inpatient in hospital

Have you come out of hospital?

You

No

Yes Please tell us about this below.

| |
|----------|
| |
| |
| |
| Postcode |

From

To

From

To

From

To

You

No

Yes Date you came out of hospital

Your partner

No

Yes Please tell us about this below.

| |
|----------|
| |
| |
| |
| Postcode |

From

To

From

To

From

To

Your partner

No

Yes Date they came out of hospital

Part 3: About work

We need to know about work you are doing now.

Please tell us about any:

- work for an employer or self-employed work
- full-time or part-time work
- permanent or casual work
- unpaid work or paid work
- work as a company director
- time spent on Work-Based Training for Young People, and Skillseekers in Scotland

If you do voluntary work, or you are not working at the moment, still tick **Yes** to the question below.

Have you done any work since the date we've put on the front of this form?

If you or your partner have worked for more than one employer, please tell us about the work for other employers in **Part 20 Other information**.

Date the work started

If you are no longer working, date you last worked

Hours a week you worked before your claim

Days a week you worked before your claim

Hours a week you worked after your claim

Days a week you worked after your claim

Employer's name

Employer's address

Employer's email address if known

Employer's phone number

Job title

You

No Go to **Part 4 About other benefits**.

Yes Please tell us about this below. If this was paid work provide the last 5 weekly payslips or last 2 monthly payslips.

____ / ____ / ____

____ / ____ / ____

____ hours

____ days

____ hours

____ days

Code Number

Your partner

No Go to **Part 4 About other benefits**.

Yes Please tell us about this below. If this was paid work provide the last 5 weekly payslips or last 2 monthly payslips.

____ / ____ / ____

____ / ____ / ____

____ hours

____ days

____ hours

____ days

Code Number

Part 3: About work continued

Clock, payroll or employee number

You

Your partner

Did your employer keep paying you Statutory Sick pay if you were off work because of a disability, illness or health condition?

No

Yes

No

Yes

Did you get any money for expenses?

No

Yes

No

Yes

Did the employer pay any money towards a pension for you?

No

Yes

No

Yes

Was the work you did voluntary work?

No

Yes

Can you choose whether or not to be paid for the work?

No

Yes

No

Yes

Can they choose whether or not to be paid for the work?

No

Yes

Do you get anything else in return for working? For example, things like accommodation or food.

No

Yes

Do they get anything else in return for working? For example, things like accommodation or food.

No

Yes

Were you self-employed or a sub-contractor?

No

Yes

We will send you a form **B16** to fill in and return to us.

No

Yes

We will send you a form **B16** to fill in and return to us.

Did you work in a specialist occupation?

By 'specialist occupation' we mean:

- an auxiliary coastguard
- a part-time fire-fighter
- a part-time member of a lifeboat crew, or
- territorial or reserve forces

No

Yes

No

Yes

Were you involved in a trade dispute?

By 'trade dispute' we mean a dispute between you and your employer or ex-employer.

No

Yes

No

Yes

We will write to you about this.

Part 4: About other benefits

Please put a tick against any of the benefits on the following list you are getting now, waiting to hear about or have claimed (even if you didn't receive any benefit) since the date we've put on the front of this form. We will tell you if they affect your ESA.

For example, you must tell us about:

- | | |
|--|--|
| <input type="checkbox"/> Attendance Allowance | <input type="checkbox"/> Motability or any other help with mobility problems |
| <input type="checkbox"/> Bereavement Allowance | <input type="checkbox"/> Pension Credit |
| <input type="checkbox"/> Bereavement Payment | <input type="checkbox"/> Personal Independence Payment |
| <input type="checkbox"/> Carer's Allowance | <input type="checkbox"/> Reduced Earnings Allowance |
| <input type="checkbox"/> Disability Living Allowance | <input type="checkbox"/> State Pension |
| <input type="checkbox"/> Incapacity Benefit | <input type="checkbox"/> Severe Disablement Allowance |
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Unemployability Supplement |
| <input type="checkbox"/> Industrial Death Benefit | <input type="checkbox"/> Universal Credit |
| <input type="checkbox"/> Industrial Injuries Disablement Benefit | <input type="checkbox"/> Widow's Benefit |
| <input type="checkbox"/> Jobseeker's Allowance | <input type="checkbox"/> Widowed Mother's Allowance |
| <input type="checkbox"/> Maternity Allowance | <input type="checkbox"/> Widowed Parent's Allowance |

You must also tell us about any other social security benefits, even if they are not on this list.

Do not tell us about Housing Benefit, Child Tax Credits, Working Tax Credit or a reduction in Council Tax. We will ask you about this later on in the form.

Are you getting or waiting to hear about any social security benefits now?

You

- No Go to **page 7**.
Yes Tell us about these benefits in **Part 20 Other information**.

Your partner

- No Go to **page 7**.
Yes Tell us about these benefits in **Part 20 Other information**.

Part 4: About other benefits continued

Part 4: About other benefits

Have you ever claimed Carer's Allowance?

Tick **Yes**, even if you were not paid any Carer's Allowance. This could have been because you were better off getting another benefit.

You

No

Yes

No

Yes

____ / ____ / ____

Has the Carer's Allowance stopped in the last 3 months?

Date of last claim or payment

Name of the person being cared for

Address of the person being cared for

Postcode

Your partner

No

Yes

No

Yes

____ / ____ / ____

Postcode

Has anyone cared for you since the date we've put on the front of this form?

No

Yes

No

Yes

What is their name and address?

Postcode

Postcode

Do they get Carer's Allowance for caring for you? Tick **Yes** if they have claimed Carer's Allowance and are waiting to hear about it.

No

Yes

No

Yes

Part 4: About other benefits continued

Have:

- you or
- your partner or
- any of the children or
- qualifying young persons

who live in your household, received any of the following since the date we've put on the front of this form?

- Attendance Allowance
- Motability
- War Pension Mobility Supplement, or
- other help with mobility problems, or
- Armed Forces Independence Payments?

Have you received War Widow's or War Widower's Pension since the date we've put on the front of this form?

Reference number

Has anyone been getting extra money added to their benefit for you since the date we've put on the front of this form?

You

No
Yes

No
Yes

No
Yes

Please tell us about this in **Part 20 Other information.**

Your partner

No
Yes

No
Yes

No
Yes

Please tell us about this in **Part 20 Other information.**

Part 5: About time spent abroad

Have you, since the date we've put on the front of this form:

- worked or claimed benefit, or
- been a member, or in the family of a member of HM Armed Forces outside the United Kingdom, since you last claimed Employment and Support Allowance?

By the 'United Kingdom' we mean England, Scotland, Wales and Northern Ireland.

Which countries did you go to, and when?

If you went to more than 2 countries, please tell us about them in **Part 20 Other information**.

Please tick the boxes that describe what you did while you were abroad.

Were you abroad because you were in HM Armed Forces?

Were you abroad because someone in your family was in HM Armed Forces?

What is their relationship to you?
For example, your father or mother.

You

No Please go to **Part 6**.

Yes

Country 1

From

To

Country 2

From

To

Employed by a foreign employer

Self-employed

Employed by a UK employer

Claimed foreign benefit

Claimed UK benefit abroad

No

Yes

No

Yes

Your partner

No Please go to **Part 6**.

Yes

Country 1

From

To

Country 2

From

To

Employed by a foreign employer

Self-employed

Employed by a UK employer

Claimed foreign benefit

Claimed UK benefit abroad

No

Yes

No

Yes

Are you exempt from paying UK income tax?

Were you abroad for more than one year in total in the 5 years before you stopped paying UK income tax?

For example, you were abroad one year for 6 months and abroad for 7 months the year before that.

You

No

Yes

No

Yes

Your partner

No

Yes

No

Yes