## TOOST CONTRACTOR CONTR

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 from 🏲 🧢 🦳 🖊

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



## 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

you have a partner and they're working over 24 hours a weel 10 12

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you have savings over £16,000,or

you have a partner who has savings over £16,000

If you would like this form in Braille, large print or audio, please call us on 0161 912 8041 and tell us what you need For information about other benefits you may be able to get, please visit www.gov.uk/benefits-calculators.co.uk

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.

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

get benefit from the date we get all the information we need Send the form back to us within one month of the date on the letter that came with this form. If you don't, you may only

## 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.

Please fill in this form using BLACK INK and CAPITAL LETTERS

For our use:

Office code

Issue date 23

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