

Employment and Support Allowance

jobcentreplus

Department for
Work and Pensions

Part 1	
1	When do you want to claim Employment and Support Allowance
Part 2 About you	
2	Surname
3	Other name(s)
4	Any other surname(s) you've been known by
5	Title
6	Date of birth
7	Address
8	Address, if different in the last 3 years
9	Are you homeless?
9a	Do you have a temporary address?
9b	What address can we get in touch with you at?
10	Home phone number including STD code Mobile phone number Daytime phone number including STD code (if different)
11	Nationality
12	Are you widowed or a surviving civil partner?
12a	Date became widowed or surviving civil partner
13	Are you expecting a baby?
13a	What date is the baby due?
14	Have you had a baby in the 39 weeks before the date you are claiming from?
14a	What date was the baby born?
Part 3 About your illness or disability	
15	What date did your illness or

	disability start?	
16	Please give brief details of your illness or disability	
17	Name of the doctor who signs your medical statements	
18	Address of the doctor who signs your medical statements	
19	Phone number of the doctor who signs your medical statements including STD code	
20	Have you been in hospital as an in-patient in the last 52 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19a	Name of hospital	
19b	Address of hospital	
19c	Date you went in to hospital	
19d	Have you come out of hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19e	Date you came out of hospital	
19f	Are you due to into hospital in the next 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19g	Date you are due to go into hospital	(DD/MM/YYYY)

Part 4 Special Rules

20	Do you think special rules apply to you? <i>If the claimant is unsure as to whether they can claim under special rules, enter No and proceed with the data gather. There is no requirement to discuss with the claimant regarding what could be classed as special rules</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No go to question 21
20a	Have you already asked for a DS1500 Report for your claim for Disability Living Allowance, Personal Independence Payment or Universal Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20b	Have you already sent the DS1500 Report with your claim for Disability Living Allowance, Personal Independence Payment or Universal Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 5 Work

21	Are you working at the	<input type="checkbox"/> Yes
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	moment?	<input type="checkbox"/> No go to question 23
21a	Date the work started	<input type="checkbox"/> Yes <input type="checkbox"/> No
21b	If you are temporarily absent, date you last worked	(DD/MM/YYYY)
21c	Number of hours a week you usually work	
21d	Number of days a week you usually work	
21e	Number of hours a week you currently work	
21f	Number of days a week you currently work	
21g	Employer's name	
21h	Employer's address	Postcode:
21i	Employer's telephone number	
21j	Job title	
21k	Clock, payroll or employee number	
21l	Will your employer keep paying you if you are off work because of an illness or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21m	Is the work you do voluntary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Are you self-employed or a sub-contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	Do you know when you will be well enough to work again?	<input type="checkbox"/> Yes <input type="checkbox"/> No go to question 26
23a	Tell us when you will be well enough to work	
24	Are you going to go back to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24a	What date will you go back to work?	(DD/MM/YYYY)
25	Did you work a night shift which included midnight on the date you last worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25a	What date and time did you start the shift?	(DD/MM/YYYY) at (24HR clock)
25b	What date and time did you end the shift?	(DD/MM/YYYY) at (24HR clock)
26	Will you go back to work on a night shift which includes midnight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26a	What date and time will you start the shift?	(DD/MM/YYYY) at (24HR clock)
26b	What date and time will you	(DD/MM/YYYY) at (24HR clock)

end the shift?		
Part 6 About other benefits		
27	Are you getting or waiting to hear about any social security benefits now?	<input type="checkbox"/> Yes <input type="checkbox"/> No go to question 28
27a	Name of Benefit	
27b	Name of Benefit	
27c	Name of Benefit	
28	Have you claimed any other benefits in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28a	Name of Benefit	
Part 7 About time spent abroad		
29	Have you worked or claimed benefit outside the United Kingdom in the last 5 years or been a member, or in the family of a member of HM Armed Forces outside the United Kingdom in the last 12 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No go to question 31
29a	Which countries did you go to?	Name of Country From To Name of Country From To
29b	Describe what you did while you were abroad	Employed by a foreign employer Employed by a UK employer Claimed UK benefit abroad Self employed Claimed foreign benefit A member of HM Armed Forces
30	Are you exempt from paying UK income tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30a	Were you abroad for more than one year in total in the 5 years before you stopped paying UK income tax	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part 8 About statutory payments		
31	Are you getting or waiting to hear about any statutory payments now?	<input type="checkbox"/> Yes <input type="checkbox"/> No go to question 33
31a	Name of statutory payment	
31b	Who do you get your statutory payment from?	
31c	How much money do you get and how often?	every
31d	What day is it paid?	
32	Have you ever had a statutory payment in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No go to question 33
32a	Name of statutory payment	

32b	Who do you get your statutory payment from?	
32c	How much money do you get and how often?	every
32d	What day is it paid?	
32	Has your statutory payment ended	<input type="checkbox"/> Yes <input type="checkbox"/> No
32a	Date of last payment	(DD/MM/YYYY)
Part 9 About pensions		
33	Are you getting or waiting to get a pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No go to question 47
33a	What type of pension are you getting or waiting to get?	<input type="checkbox"/> Personal pension <input type="checkbox"/> Occupational, work or employee's pension <input type="checkbox"/> Retirement annuity contract <input type="checkbox"/> Public service pension <input type="checkbox"/> Pension paid to you as a beneficiary
34	Name of your pension or annuity provider	
35	Address of your pension or annuity provider	
		Postcode:
36	Phone number, including STD code, of your pension or annuity provider	
37	How much is the pension BEFORE any deductions?	
38	How much is the pension AFTER any deductions?	
39	How much are the deductions and what are they for?	for for for
40	How often is the pension paid?	
41	When did the pension start, or when will it start?	(DD/MM/YYYY)
42	Date of first payment	(DD/MM/YYYY)
43	Will then pension increase?	<input type="checkbox"/> Yes <input type="checkbox"/> No go to question 45
44	How much will your pension be after the increase?	
45	Did you choose to take regular income from the pension scheme instead of buying an annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No go to question 46
45a	Was this the maximum income you could take?	<input type="checkbox"/> Yes <input type="checkbox"/> No

46	Did you inherit your pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part 10 About permanent health insurance			
47	Are you waiting to hear about any permanent health insurance payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No go to Part 11	
48	Do you get a permanent health insurance payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
48a	Name of the employer paying the permanent health insurance premiums		
48b	Address of the employer paying the permanent health insurance premiums	Postcode:	
48c	Phone number, including STD code, of the employer paying the permanent health insurance premiums		
48d	Has your contract of employment ended with this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
48e	When did it end?	(DD/MM/YY)	
49	Have you contributed more than half of the premiums towards any permanent health insurance payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part 11. How we pay you			
<p>We pay money directly into your bank account</p> <p>Many banks and building societies will let you collect your money at the Post Office. We will tell you when we make the first payment and how much it will be for. We will tell you if the amount we pay into the account is going to change.</p> <p>Finding out how much we have paid into the account</p> <p>You can check your payments on account statements. The statements may show your National Insurance (NI) number next to any payments we have made. If you think a payment is wrong, get in touch with the office that pays you straight away.</p> <p>If we pay you too much money</p> <p>We have the right to take back any money we pay that you are not entitled to. We may have paid you money you were not entitled to because of the way the payment system works. For example, you may give us some information which means you are entitled to less money. Sometimes we may not be able to change the amount we have already paid you. This means we will have paid you money that you are not entitled to. We will contact you before we take back any money.</p>			
53	Your Employment and Support Allowance will be paid into the same account as your Universal Credit. Do you agree to this?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part 12 Other information			

Part 13 Your Declaration

- I declare that the information I have given on this form is correct and complete as far as I know and believe and I have included all my income
- I understand that if I knowingly give information that is incorrect or incomplete, my benefit may be stopped and I may be liable for prosecution or other action.
- I understand that I must promptly tell the office that pays my benefit of anything that may affect my entitlement to, or the amount of, that benefit.
- I agree that
 - the Department for Work and Pensions
 - any approved health care professional advising the Department
 - any organisation with which the Department has a contract for the provision of medical servicesmay ask any of the people or organisations mentioned on this form for any information which is needed to deal with
 - this claim for benefit
 - any request for this claim to be looked at againand that the information may be given to that approved health care professional or organisation or to the Department
- I also understand that the Department may use the information which it has now or may get in the future decide whether I am entitled to
 - the benefit I am claiming
 - any other benefit I have claimed
 - any other benefit I may claim or be awarded in the future
- I agree to my doctor, or any doctor treating me, being informed about the Secretary of State's determination on
 - limited capability for work
 - limited capability for work related activity, or
 - both

This is my claim for Employment and Support Allowance

Under sections 111A(1A) and 112(1A) of the Social Security Administration Act 1992 it is an offence to fail to notify a change of circumstances promptly.

Failure to tell us about a change in your circumstances promptly may result in action being taken against you.