
Claimant went on holiday after confinement and had no knowledge of the time limit for claiming attendance allowance. Claim disallowed.

1. My decision is that the claimant is disqualified for receiving the attendance allowance which she has claimed.

2. The confinement took place on 11th July, 1948, and it is not disputed that the claim, which was not received until 17th August, 1948, was not within the prescribed time fixed by Paragraph 11 of the National Insurance (Claims and Payments) Regulations, 1948 [S.I. 1948 No. 1041]. The question for decision is whether the reasons given by the claimant for the delay save the claim from disqualification as "good cause" for the delay in terms of the proviso to Paragraph 11. The claim by the claimant for maternity benefit was made on the ordinary form B.M.4 supplied for that purpose and the form as signed by her bears date 16th July, 1948, and if it had been sent in then it would have been well within the prescribed time. The reason given by the claimant for failure to comply with the regulations is that when she left hospital after her confinement she went on holiday and had no knowledge, and no means of knowing, that a claim for attendance allowance had to be made within so short a time. It is right to mention also the statement now made by her that she "did not bother" to get a form before going into hospital because her confinement "should have been on 4th July" and that, in that event, "she would not have come under the new Health Scheme at all." She does not dispute—and I think could not dispute—that if she had received with the claim form B.M.4 a copy of the leaflet N.I.17 (which gives information as to maternity benefit) she would have had no excuse for not being aware of the time prescribed for making a claim for attendance allowance, for in that leaflet under the heading "How do I claim the Attendance Allowance" it is clearly and emphatically stated that "The form must be sent in within 10 days of your confinement." She states, however, that she did not receive a copy of that leaflet and had not heard that there was such a leaflet until her claim had been disallowed by the Insurance Officer and the statement in the Grounds of Decision of the Local Tribunal that "her failure (to claim timeously) was due to ignorance of the regulation" implies that they accepted her statement and that the majority of the Tribunal who decided in her favour regarded the fact that she had not seen or known of the leaflet as constituting "good cause" for her failure to comply with it. I have accordingly considered the case on the footing that the claimant had not received a copy of the leaflet, although—without reflecting on her good faith—I am inclined to think that she may have received a copy and mislaid or overlooked it, for on the information before me I am satisfied that in the offices from which the claim forms are issued care was taken to issue with the claim forms the leaflets N.I.17.

3. But there are considerations which compel me to hold that "good cause" for the delay has not been proved. In the Foreword to the Family Guide there is a warning to apply to the nearest Insurance Office for advice and on the front page of the claim form B.M.4 in the "Instructions for Claiming" the first instruction is in the following terms:—

"You are advised to read leaflet N.I.17 which explains the three maternity benefits and when to claim them. . . ."

No explanation is offered of the claimant's failure to obtain a copy of the leaflet after reading the Instructions or to appreciate the importance of doing so or of ascertaining *when* claims had to be lodged. Even if I assume that in some cases the explanation might be the condition of health of a particular claimant or a want of intelligence, there is no suggestion of any such explanation in this case. It might seem harsh to say that the explanation is that the claimant was careless, and I accordingly prefer to say that the delay is attributable to a failure on her part to exercise that degree of care that we are all expected to exercise in relation to our own financial and other interests.

4. I must allow the Insurance Officer's appeal.
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