

Incapacity Benefit Claim Form

Incapacity Benefit is a Social Security benefit you may be able to get if you are sick. Complete this form if you work for an employer, are self-employed or unemployed.

When to complete this form

Complete this form after you have been sick for 4 days or more in a row.

Send the form to a Social Security office **immediately**. If you wait you could lose some benefit.

You do not need a sick note from your doctor for the first week that you are sick. However, if you need medical advice or treatment go to your doctor straight away.

Sick notes are also called medical certificates or doctor's statements.

If you are still sick after 7 days get a sick note from your doctor. Complete it and send it to your local Social Security office. **Send it in immediately. If you wait you could lose some benefit.**

If you are signing on as unemployed

Tell the Jobseeker's Allowance Section that you are sick. You can do this by completing your JSA40 and sending it back.

If you have regular medical treatment

This includes people who have – dialysis; radiotherapy; chemotherapy; plasmapheresis. Complete this form if your treatment means that you cannot work for 2 days in a row.

If you have treatment every week, please get a sick note or a letter from your doctor or from the hospital. This should say:

- What treatment you are getting
- Which days of the week you cannot work
- How long your treatment will last.

Please send this sick note or letter to your local Social Security office. Please send it as soon as you can.

If you have regular treatment, but not every week, please complete an SC1 each time that your treatment means that you cannot work for 2 days in a row.

Other help while you are sick

If you do not have much money coming in you may be able to get other help while you are sick.

From Social Security:

- Income Support – help for people without enough money to live on.
- Disability Living Allowance – You may get this if you are severely disabled and require a lot of looking after or you are unable or virtually unable to walk.
- Industrial Injury Disablement Benefit – You may get this if you become physically or mentally disabled as the result of either an accident at work or of a prescribed industrial disease and your disablement continues or arises more than 90 days after the date of your accident or onset of the disease.

From Department of Health and Social Care:

- Help with NHS charges – help with paying for things like NHS prescriptions and NHS dental treatment.



Isle of Man
Government

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The Treasury

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Form SC1 February 2015

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Part 1

About you

Surname Mr/Mrs/Miss/MsOther names Address Postcode Daytime telephone no. Date of birth Email address

National Insurance (NI) Number

Letters			Numbers					Letter	
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You can find this: on your NI number card; on pay slips; or from your local Social Security Office.

Marital status

Married Widow or widower Separated

Single Divorced Civil Partnership

What is your occupation? Name and address of your employer Are you a student? No Yes

Part 2

About your sickness

Details of your sickness. Please give brief details of your sickness.

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

Do you think you are sick because of an accident at work? No Yes (Tick **No** if you had an accident while you were self-employed.)If **Yes**, please give:a) Date of accident b) Place of accident c) Time of accident Do you think you are sick because of an industrial disease? Industrial diseases are certain illnesses caused by conditions at work. Tick **No** if you became sick while you were self-employed. No Yes

When you became sick

What was the date you became unfit for work? day What was the last date you worked before becoming unfit? day If you work a night shift which included midnight please tell us the day the shift began. day What time did you start work? am/pm What time did you finish work? am/pm

When will you be well again

Do you know when you will be well enough to work again?

No Yes

When will this be?

day			
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If you are going to work a night shift which includes midnight, please tell us the date the shift begins.

What time will you start work?

am/pm

What time will you finish work?

am/pm

Part 3

About the 8 weeks before you became sick

We need some information about the 8 weeks before the date you became sick. Please tick any of these statements that apply to you:

You were off sick for at least 4 days in a row during the 8 weeks before the date you became sick.

You were receiving a Training Allowance during the 8 weeks before the date you became sick.

This could be because you were on: • Employment Training (ET) • An Employment Rehabilitation Course

Part 4

About other benefits

Please read this list of benefits and tick any that you are getting or you are waiting to hear about.

Income Support

Carer's Allowance

War Widow's Pension

Unemployability Supplement

Training Allowance

Retirement or Widow's Pension (Bereavement Benefit)

Are you getting any other Social Security benefits?

(Please tick **Yes** if you are waiting to hear about Social Security benefits)

No Yes

Please tell us the name of these benefits:

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Part 5

About pensions

About any pension income that you have

We need to know this information as the amount of pension income you have may affect the amount of Incapacity Benefit you receive.

By pension income we mean:

- An occupational pension; **or**
- A personal pension; **or**
- A public service pension; **or**
- A pension from a self-employed pension scheme; or permanent health insurance payments arranged by an employer and your employment has ended.

For information on how pension income affects you please see the notes that accompany this form.

IMPORTANT – Please send us confirmation of your pension income, this could be one of the following:

- A letter of entitlement from your employer or insurance company who pay the pension; or
- A payment advice notice from your pension provider; or
- Wage slips or T14.

Are you getting any pension income?

No please go to Part 6

Yes please provide details over page

Pension Income Details

Your first (or only) pension income – name and address of the pension provider

	Postcode
Phone number of the pension provider	
What is the pension reference number?	
How much pension is due before income tax is taken off?	£
How much pension is actually paid after income tax is taken off?	£
How often is the pension paid? (e.g. weekly, four weekly, monthly, quarterly)	
When is this pension due to increase?	

Your second pension income – name and address of the pension provider

	Postcode
Phone number of the pension provider	
What is the pension reference number?	
How much pension is due before income tax is taken off?	£
How much pension is actually paid after income tax is taken off?	£
How often is the pension paid? (e.g. weekly, four weekly, monthly, quarterly)	
When is this pension due to increase?	

If you receive any more than two pensions, continue on a separate sheet of paper.

Is anyone getting extra money added on to their Social Security benefit for you? (Please tick **Yes** if anyone is waiting to hear about extra money added on to their Social Security benefit for you.)

No Yes

Please tell us about the person who is getting this extra money, or waiting to hear about it.

Surname	
Other names	
Address	
	Postcode
Name of benefit	

Part 6

The post office where you want to cash your cheque

Name of Post Office

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Part 7

Your Doctor

Doctor's name

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Address

Postcode

I understand that if I give information that is incorrect or incomplete, action may be taken against me.

I declare that I have not worked during the period of sickness or incapacity which I have stated on this form and that the information I have given is correct and complete.

I agree that the Social Security Division of the Treasury, and any Health Care professional advising the Department may ask:

- Any doctor who has treated me.
- Any hospital or place like that where I have been treated.
- Anyone else who has given me treatment such as a physiotherapist,

for any information which is needed to deal with this claim for benefit or any request for this claim to be reviewed and that the information may be given to that doctor or the Social Security Division of the Treasury.

I also understand that the Social Security Division of the Treasury may use the information which it has now or may get in the future to decide whether I am entitled to:

- The benefit I am claiming.
- Any other benefit I have claimed.
- Any other benefit I may claim in the future.

This is my claim for Incapacity Benefit.

Signature

Date

If you have signed this form for someone else please tick here

Make sure that

- you have answered all the questions on the form that apply to you
- you have signed the form

before sending this form to the address below.

Send it immediately. If you wait you could lose benefit.

If you can get Incapacity Benefit we will write and tell you how much.

If you cannot get Incapacity Benefit we will write and tell you the reason.

Address: General Benefits Section
Social Security Division
Markwell House
Market Street
Douglas
Isle of Man
IM1 2RZ

Telephone: 01624 685105

Email: generalbenefits@gov.im

Website: www.gov.im

All calls to and from Social Security are recorded for quality purposes, to prevent crime or misuse, to ensure staff act in compliance with required procedures and standards and assist in the provision of training, monitoring and service improvement.



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