

Industrial Injuries Disablement Benefit

Notes about claiming benefit for prescribed industrial diseases

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What is Industrial Injuries Disablement Benefit?

Industrial Injuries Disablement Benefit is a payment for people who are ill or disabled as a result of an accident, disease or event that happened at work, or in connection with work.

If you want to claim benefit for an industrial accident, you will need to fill in form **BI100A** *Industrial Injuries Disablement Benefit for an accident at work*. You can get it from your regional disablement benefit office. You can find a list of offices on **pages 11** and **12** of these notes.

What is a prescribed industrial disease?

The law lists over 70 diseases which can be caused by working in some types of jobs or using particular tools. These diseases are called *prescribed diseases* (PDs).

You can get a list of the prescribed diseases and jobs you can claim for under the Industrial Injuries Disablement Benefit scheme from our website at **www.dwp.gov.uk/advisers/db1/appendix/appendix1.asp**

Or, you can get the **BI100PD list** from your regional disablement benefit office.

Am I entitled to Industrial Injuries Disablement Benefit?

You may be entitled to this benefit if you are disabled because of a disease caused by your work.

You are not entitled to Industrial Injuries Disablement Benefit if you were self-employed when you got the disease.

You may not be entitled to Industrial Injuries Disablement Benefit if the disease is not shown on the list of prescribed diseases, or if your job is not listed against the disease.

There are special rules for some prescribed diseases.

If you are not sure if you can claim, contact your regional disablement benefit office

Am I entitled to Industrial Injuries Disablement Benefit? – continued

There are also time limits on 3 prescribed diseases.

A10 – occupational deafness

You must have worked for at least 10 years in at least one of the jobs on the list which are known to cause deafness. The work must have been within 5 years of the date that you claim. You may also be able to get benefit if you worked very close to someone else who was doing a job on the list which is known to cause deafness.

D7 – occupational asthma

At some time in the 10 years before your date of claim, you must have been in contact, at work, with a substance on the list that caused your asthma.

D12 – chronic bronchitis or emphysema or both

You must have worked underground in a coal mine for a period or periods which add up to at least 20 years. You can have worked for more than one employer. The 20 years does not have to be one unbroken period. We can usually ignore short breaks in your work of less than 3 months.

The amount you get depends on how seriously you are disabled. We usually need you to go to a medical examination. We may need you to take a breathing test or a hearing test and we may need to have an x-ray. But we will not send you for an x-ray if

- you have had an x-ray within a specific period of time, and
- the medical examiner can get a copy of it.

The doctor who examines you will tell us how seriously you are disabled and how long you are expected to be disabled.

You can only get Industrial Injuries Disablement Benefit if you became disabled because of work done for an employer on or after 5 July 1948.

When to claim

If you become disabled because of a prescribed disease, claim Industrial Injuries Disablement Benefit straight away. But usually you will not be entitled to benefit for 90 days after the date that the disease started. If you delay you may lose some benefit.

Signing the form for someone else

The claim form should only be signed by someone else if

- the person who is making the claim is not mentally able to act on their own behalf, **and**
- someone is willing to act on their behalf in all social security matters, including telling us about any change in their circumstances and collecting money for them.

Someone accepted by the Department to act on a person's behalf is known as the *appointee*.

A person who is physically disabled but mentally able will not normally need someone to act for them.

If someone applies to act on a person's behalf we will

- arrange a visit to
 - the person who is making the claim, and
 - the person who is applying to act on their behalf, **and**
- decide if the person needs someone to act on their behalf, **and**
- explain the responsibilities that the appointee would be taking on.

We will not pay any benefit until this process is complete.

If someone has power of attorney or legal authority to act on behalf of the person making the claim, then the person with power of attorney or legal authority must

- sign the claim form, **and**
- send us a copy of the legal authority with the claim form.

The copy of the legal authority must be certified and signed by a solicitor as a true copy.

About your claim for a prescribed industrial disease

Claiming Industrial Injuries Disablement Benefit

To claim Industrial Injuries Disablement Benefit you will need to answer all questions on the form **BI100PD** and sign the form at **Part 9**.

Benefit you can get because of this claim can be paid more quickly if you answer all the questions on this form that apply to you and your partner, if you have one.

We use *partner* to mean

- a person you are married to or a person you live with as if you are married to them, or
- a civil partner or a person you live with as if you are civil partners.

If you cannot do this, get in touch with us, but benefit you can get because of this claim may be delayed.

If you are making a claim for prescribed disease

- **A10 – occupational deafness**, also complete the attached form **BI100 OD**.
- **D4 – allergic rhinitis**, or **D7 – occupational asthma**, also complete the attached form **BI100 OAE**.

Send these forms back to us straight away. If you delay, you could lose money.

What happens after we get your claim for benefit

We will write to you and tell you that we have got your claim.

A decision maker will look at your claim. *Decision makers* are people who decide if the law says you are entitled to benefit or not. They also decide how much benefit the law says you are entitled to.

To help the decision maker decide on your claim, we may need to get more information. We may need to ask people about your claim. For example, we may write to any employer, doctor or hospital that you have told us about in the claim form.

If the decision maker decides that you have worked in a job which is likely to have caused your disease, we may ask you to go to a medical examination. We will write and tell you where and when to go for the examination. If you are not fit to travel or you are in hospital, we will ask the doctor to come to you.

Please tell us any date and times that you may not be able to go to a medical examination in the next 6 months. For example, holidays and hospital appointments.

If you can get Industrial Injuries Disablement Benefit, we will write and tell you

- how much money you can get
- more about the benefit.

If you cannot get Industrial Injuries Disablement Benefit, we will write and tell you the reason and what to do if you disagree.

Other money you may be able to get

Reduced Earnings Allowance (REA)

If you cannot do your usual job or other work with similar pay because of a disease caused by work and your illness or disability started before 1 October 1990, you may be able to claim Reduced Earnings Allowance.

Constant Attendance Allowance (CAA)

If you get Industrial Injuries Disablement Benefit at the 100% rate and need daily care and attention, you may be able to get Constant Attendance Allowance. CAA is paid at four different rates. You will be considered for CAA automatically. You do not need to make a separate claim.

Exceptionally Severe Disablement Allowance (ESDA)

If you get one of the two higher rates of CAA and you need permanent and constant care and attention, you may also get Exceptionally Severe Disablement Allowance.

Analogous Industrial Injuries Scheme (AIIS)

If you are a trainee and you have an accident or get a disease during a work-based training programme you cannot get Industrial Injuries Disablement Benefit. But, you may be able to get help under the Analogous Industrial Injuries Scheme. For more information contact:

Analogous Industrial Injuries Scheme
Bridge House
28, Wheldon Road
Castleford
WF10 2JG.
Phone: **01977 464094**.

Other money you may be able to get – continued

Additional payment for people if their employer has gone out of business

People who suffer from some industrial diseases caused by specific dusts can get help under the Pneumoconiosis etc (Workers' Compensation) Act 1979. You can make a claim if you cannot get damages from the employers who caused or contributed to the disease.

The diseases you can claim for are

- diffuse mesothelioma
- pneumoconiosis (including asbestosis, silicosis and kaolinosis)
- diffuse pleural thickening
- primary carcinoma of the lung if accompanied by asbestosis or diffuse pleural thickening
- byssinosis

If a person has

- suffered from one of these diseases, **and**
- has died,

their dependants can make a claim.

If you think you may be entitled to a payment, contact the Pneumoconiosis Workers' Compensation section at

Phoenix House

Stephen Street

Barrow in Furness

Cumbria

LA14 1ZA

Freephone **0800 279 2322**.

Do not wait for a decision on your claim under the Industrial Injuries Disablement Benefit scheme before you make a claim for this additional payment. If you delay, you could lose money.

What if the disease was caused by work before 5 July 1948?

If your disease was caused by work before 5 July 1948, contact

Pneumoconiosis and Workmen's Compensation
Section

Phoenix House

Stephen Street

Barrow-in-Furness

Cumbria

LA14 1BY

Phone **01229 842841**

What if the disease occurred outside the UK or you live outside the UK?

If your disease was caused by work outside the UK, or you live outside the UK, please contact the International Pension Centre for advice at

International Pension Centre 3

Industrial Injuries

Room TB014

Tyneview Park

Newcastle upon Tyne

NE98 1BA

Phone **0191 21 87650**

Where to get help and advice about prescribed industrial diseases

If you want general information about Industrial Injuries Disablement Benefit contact your regional disablement benefit office. You can find a list of offices on **pages 11** and **12** of these notes.

You can also contact an advice centre like the Citizens Advice Bureau.

Alternatively you can ring the Benefit Enquiry Line for people with disabilities. The number is **0800 88 22 00**.

If you have problems with hearing or speaking and use a textphone, you can ring **0800 24 33 55**. If you do not have your own textphone system, you may be able to find one in your local library or Citizens Advice Bureau.

If you live in England or Wales you can get free, independent and confidential advice about Industrial Injuries Disablement Benefit and other benefits. Call Community Legal Services Direct on **0845 345 4 345**. You can visit their website at **www.clsdirect.org.uk**

For more information about benefits and services visit our website at **www.dwp.gov.uk**

Help with filling in the form

If you want help filling in the claim form or any part of it, phone **0800 88 22 00**. The person you speak to will arrange for someone to phone you back. The person who calls you back is specially trained to help you fill in these forms. They will have a copy of the claim form and they will go through it with you over the phone. Or they can fill in a claim form for you.

If they fill in the claim form for you, they will send it to you. You can then check, sign and send it back to your regional disablement benefit office. They can send you a completed claim form in braille or large print.

Addresses of the regional disablement benefit offices

We deal with Industrial Injuries Disablement at 8 regional offices. If you have any questions about the benefit, please contact the office nearest to where you live.

Region	Office name, location	Phone number
East Midlands and West Midlands	Sutton in Ashfield Social Security Office 70/78 High Pavement Sutton in Ashfield Notts, NG17 4FY	01623 413400
North East	Hartlepool Jobcentre Plus Ward Jackson House Wesley Square Hartlepool TS24 8EZ	0845 600 1651
North West and East of England	Barrow Social Security Office Phoenix House Stephen Street Barrow-in-Furness Cumbria LA14 1BY	0845 603 1358
Scotland	Ayr Social Security Office Wallacetoun House John Street Ayr KA8 OBX	01292 666000
South East and London	Broadstairs Social Security Office 2-4 St Peters Park Road Broadstairs Kent CT10 2BP	01843 873000

Continued on next page ►

Addresses of the regional disablement benefit offices – continued

Region	Office name, location	Phone number
South West	Yeovil Jobcentre Plus Federated House 29 - 31Hendford Yeovil BA20 1UU	01823 349100
Wales	Merthyr Tydfil Jobcentre Plus Ty Bethesda Avenue De Clichy Merthyr Tydfil CF11 8ZH	01685 306500
Yorkshire and The Humber	Castleford Social Security Office Bridge House 28 Wheldon Road Castleford WF10 2JG	01977 464111

Industrial Injuries Disablement Benefit for a prescribed industrial disease

jobcentreplus

Part of the Department
for Work and Pensions

This form is for claiming Industrial Injuries Disablement Benefit for a prescribed disease

- **Before you fill in this form, please read the notes that came in this claim pack**
- **Please answer all the questions that apply to you and your partner**

If you need help to fill in any part of this form, phone your regional disablement benefit office. You can find their number in the **BI100PD Notes** which we sent with this form.

How we collect and use information

The information we collect about you and how we use it depends mainly on the reason for your business with us, but we may use it for any of the Department's purposes, which include

- social security benefits and allowances
- child support
- employment and training
- private pensions policy, and
- retirement planning.

We may obtain information from others to check the information you provide and to improve our services, and may give information to other organisations as the law allows, for example to safeguard against crime.

To find out more about how we use information, ask for leaflet **GL33** *DWP and Your Personal Information* at any of our offices, or visit our website www.dwp.gov.uk/privacy.asp

Please tell us about yourself

Surname or family name

Mr/Mrs/Miss/Ms/Dr/Rev

All other names – in full

All other surnames or family names you have been known by or are using now. Please include maiden name, all former married names and all changes of family name.

Address

Postcode

Home phone number

Code Number

Daytime phone number, if different

Code Number

Mobile phone number

Number

Date of birth

/ /

National Insurance (NI) number

You can find the number on your National Insurance (NI) numbercard, letters about your benefit or payslips.

Letters Numbers Letter

If you do not know your NI number, have you ever had one or used one at any time?

No Yes

Please tell us about any other personal details you think we should know about in Part 8 Other information. For example, other names or any other addresses you have lived at in the last 3 years.

About your work and your disease

- Tell us which disease you have and tell us about the job you were doing which you think caused your disease. Give as much information as you can.
- Please see the list of diseases and jobs you can claim for under the Industrial Injuries Disablement Benefit scheme. You can get the list from our website at www.dwp.gov.uk/advisers/db1/appendix/appendix1.asp
Or, you can get the **BI100PD list** from your regional disablement benefit office.
- If you are not sure which disease you should claim for, ask your regional disablement benefit office to help you. You can find the list of offices in the **BI100PD Notes** which we sent you with this form.

Which disease do you have?

Please state the prescribed disease number,
if you know it. You can find a list of prescribed disease
numbers on our website or in the **BI100PD list**.

**On what date do you think you started to suffer from
the disease?**

If you are not sure of the date, give an approximate date.

**What type of work do you think caused your
disease?**

Please tell us of any tools used, chemicals you may
have come into contact with, or dust or fumes you
may have breathed.

If you are claiming for

- **occupational deafness** also complete the form
BI100-OD supplied with this claim pack
- **allergic rhinitis** or **occupational asthma** also
complete the form **BI100-OAE** supplied with this
claim pack

In what way has the disease affected you?

Please tell us about all the employers you did this type of work for.
 If you need to tell us about more than 2 employers, tell us about them
 in **Part 8 Other information**.

	Employer 1	Employer 2
Name and address of the employer where you did the work	 Postcode	 Postcode
Employer's phone number, if you know it	Code Number	Code Number
Workplace		
Your job		
Payroll, staff or other reference number		
When did you work there? If you are not sure of the dates, give an approximate date.	From To / / / /	From To / / / /
In which industry or business area is this company involved?		
Is this employer still in business?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
We may ask you to go to a medical examination with a doctor or specialist. If you have any problems with going to a medical examination, please tell us about them. Also tell us any date and times that you may not be able to go to a medical examination in the next 6 months.		
Do you have a medical report about your condition? For example, a report from a specialist you have already been to see.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please send a copy of the medical report with this form.	

Please tell us the name and address of your GP

Postcode

Phone number of your GP, if you know it

Code	Number
------	--------

Have you been to a hospital or clinic for treatment because of the disease?

- No** Go to last question on this page about Diffuse Mesothelioma.
- Yes** Please tell us about the hospital or clinic you have been to because of the disease. If you need to tell us about more than one hospital or clinic, tell us about them in **Part 8 Other information**.

Name and address of hospital or clinic

Postcode

Department or ward

--

Reference number or admission number

--

Name of specialist, if you know their name

--

Dates of treatment

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Did you have an x-ray?

- No**
- Yes**

Are you claiming for Diffuse Mesothelioma?
This is Prescribed Disease **D3** on our list of jobs and diseases.

- No**
- Yes** **Please send any medical evidence you have.** This is so we can decide your claim quickly

Are you getting or are you claiming

War Disablement Pension?	<input type="checkbox"/>	Nature of the injury or disease	<input type="text"/>	Percentage disablement	<input type="text"/>	%
Armed Forces Compensation Scheme?	<input type="checkbox"/>	Nature of the injury or disease	<input type="text"/>	Tariff of disablement	<input type="text"/>	

If you have ticked any boxes in Part 6, please tell us about the benefits, allowances or pensions below.

	You	Your partner
Name of benefit, allowance or pension	<input type="text"/>	<input type="text"/>
Reference number, if you know it	<input type="text"/>	<input type="text"/>
Date of claim or application	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Address of the office dealing with your claim or application	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
Name of benefit, allowance or pension	<input type="text"/>	<input type="text"/>
Reference number, if you know it	<input type="text"/>	<input type="text"/>
Date of claim or application	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Address of the office dealing with your claim or application	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode

If you have told us about a benefit, allowance or pension which your partner is getting, tell us about your partner.

Their surname or family name

Their other names

Their National Insurance (NI) number, if you know it

Letters	Numbers	Letter
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Date of birth

We normally pay Industrial Injuries Disablement Benefit directly into an account. This is the safest way to pay you and lets you choose how and when you get your money. You can use a bank, building society or other account provider. Most accounts allow you to make savings on some of your bills by paying them by Direct Debit. You may be able to use a cash machine, which will usually mean you can get your money at any time of the day or night. Most of these machines can be used for free, but some of them will charge you to take your money out. If so, you will be warned by a message on the screen. This will give you the opportunity to cancel your transaction without being charged. There are arrangements with some banks and building societies to let you collect cash from many of their accounts over the counter at post offices.

A – Payment direct into an account

How you will be paid

Your benefit will be paid into the account every 4 weeks, every 13 weeks or every week.

Finding out how much is paid into the account

We will tell you when the first payment will be made and how much it is for. Each payment, after the first one, should be for the same amount unless there is a change in your circumstances. We will tell you whenever we know there is going to be a change in the amount we pay into your account.

You can check your benefit payments on your account statements. Your statements will usually show your National Insurance (NI) number next to payments that are from us. If you think your payment is wrong, get in touch with the office that pays you.

Getting someone to collect your benefit

You may be able to get someone else to collect your benefit for you regularly if you wish. For help with this please contact your bank, building society or other account provider such as the Post Office® or a Credit Union.

If not enough money is paid into the account

If we do not pay enough money into the account, we will make another payment or add the money we owe you onto your next payment. We will contact you to tell you what we are going to do.

Sometimes we may pay too much money into your account and you may be overpaid

If this is because of the way the system works for payments directly into an account, we have the right to recover any money you are not entitled to. For example, you may give us information which means you are entitled to less money but we may not be able to change the amount already sent out. We will contact you first if we propose to recover any money.

What to do now

To tell us about the account you want to use for your Industrial Injuries Disablement Benefit, **go to Part B**

or

if you do not already have a suitable account, **go to Part D.**

B – About the account you want to use

Tick this box if you agree to be paid directly into an account and understand the information in Part A about being overpaid.

Please give your account details below. You must fill in ALL the boxes including the building society roll or reference number if you have one.

You can find the account details on the cheque book, passbook or statements. If you are not sure about the details, ask the bank, building society, or other account provider.

Whose name or names is the account in?

Please note:

- A Post Office® card account can only be in your name.
- We use *partner* to mean
 - a person you are married to or a person you live with as if you are married to them, or
 - a civil partner or a person you live with as if you are civil partners.
- By ticking the box for an account that includes the name of the person acting on your behalf, you confirm that you will authorise them to use the money in the way you tell them, or you are an appointee acting on behalf of the customer.

Please tick one box

In your name

In the name of your partner

In both the names of you and your partner

In the name of the person acting on your behalf

In both the names of you and the person acting on your behalf

What name or names is the account in?

Please write the name or names as they appear on the cheque book, passbook or statement.

Full name of bank, building society or other account provider

Sort Code – of the bank, building society or other account provider

Please tell us all six numbers, for example: 12-34-56.

 – –

Account number

This is seven to ten numbers long.

More information if it is a building society account

Building Society roll or reference number

Some building societies accounts use a roll or reference number. The number is on the passbook. The roll or reference can contain letters and numbers and can be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

You may be getting other benefits and entitlements that are not paid directly into an account. To have them paid into this account, please tell us the names of the benefits or entitlements.

C – How often can I be paid

Having your payment into an account will not affect how often you are paid.

How often do you want your benefit to be paid?

Every 4 weeks

Every 13 weeks

Every week

If you want more information, get in touch with your regional disablement benefit office. You can find the list of offices in the **BI100PD Notes** which we sent you with this form.

D – If you did not complete section B

Please read the notes below then tick Box 1 or Box 2.

If you have an account but you do not wish to use it, for example a joint account, any bank or building society will help you open an account that suits you better. Remember to ask whether their accounts allow you to get your money from the Post Office®, if this is important to you.

- **Basic bank account**

If you have had problems opening a current account, or if you are worried about being overdrawn, you could ask any bank or building society about opening a basic bank account. These are available from all major banks and offer free banking with no overdraft facility. You can use these accounts to pay money in, pay bills automatically and get cash out. Many basic bank accounts also allow you to get cash from post offices.

- **Other accounts**

Alternatively, you can be paid into some Credit Union accounts or a Post Office® card account. These accounts may have restrictions on the services provided.

What to do now

Tick the box that applies to you.

Box 1

I intend to open an account.

Any bank, building society or other account provider will help you open an account. If you want to get your money at the Post Office®, check that the account allows you to do this. **If you want us to pay into an account, tell us your account details as soon as you have them.**

Box 2

I would like information about how I can be paid by other means.

We will contact you about your payment. If, in the meantime, you want more information about opening an account, please contact us.

**Complete the claim form and send it to us now.
Do not wait until you have opened an account.**

Use this space to tell us anything else you think we might need to know.

If there is not enough space, please use a separate sheet of paper. Make sure you put your full name and National Insurance (NI) number on each sheet of paper, and sign and date each sheet that you use.

Please give us the address of your local post office.

Postcode

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to 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 doctor 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 doctor 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 to decide whether I am entitled to
 - the benefit I am claiming
 - any other benefit or entitlement I have claimed
 - any other benefit or entitlement I may claim in the future.

This is my claim for Industrial Injuries Disablement Benefit.

Signature

Date

Part 10 What to do now

Page 28 of 28 of this pdf

Check that you have

- answered all the questions that apply to you
- signed this form
- included your medical report, if you already have one.

Do not get a new medical report especially for this claim.

Remember

Send this claim form to your regional disablement benefit office as soon as possible. If you delay, you could lose money. You can find the list of offices in the **BI100PD Notes** which we sent you with this form.

Part 11 What happens next

- Benefit you can get because of this claim may be paid more quickly if you answer all the questions on this form that apply to you and your partner, if you have one.

If you cannot do this, get in touch with us, but benefit you can get because of this claim may be delayed.

- We will write to you and tell you that we have got your claim.
- A decision maker will look at your claim.
Decision makers are people who decide if the law says you are entitled to benefit or not. They also decide how much benefit the law says you are entitled to.
- To help the decision maker decide on your claim, we may need to get more information. We may need to ask people about your claim. For example, we may write to any employer, doctor or hospital that you have told us about in this form.
- If the decision maker decides that you have worked in a job which is likely to have caused your disease, we may ask you to go to a medical examination. We will write and tell you where and when to go for the examination. If you are not fit to travel or you are in hospital, we will ask the doctor to come to you.
- If you can get Industrial Injuries Disablement Benefit, we will write and tell you
 - how much money you can get
 - more about the benefit.
- If you cannot get Industrial Injuries Disablement Benefit, we will write and tell you the reason and what to do if you disagree.

Industrial Injuries Disablement Benefit for occupational deafness

If you are claiming Industrial Injuries Disablement Benefit for occupational deafness (Prescribed Disease **A10**) please fill in this form and send it with a completed **BI100PD** claim form to your regional disablement benefit office. You can find the list of offices in the **BI100PD Notes** which we sent you with this form.

Surname or family name

Mr/Mrs/Miss/Ms/Dr/Rev

All other names – in full

National Insurance (NI) number

Letters Numbers Letter

Have you used any of these tools or machines or have you worked close to someone using them?

Used

Not used but worked close to someone using it. Tell us the distance

Number of hours daily

Employer you worked for at the time

Powered, but not hand powered, grinding tools used on metal other than sheet metal or plate metal

 feet

 hours

Band saws, circular saws or cutting discs for cutting metal in the metal founding or forging industries

 feet

 hours

Circular saws for cutting products in the manufacture of steel

 feet

 hours

Burners or torches for cutting or dressing steel-based products

 feet

 hours

Pneumatic percussive tools

● on metal

 feet

 hours

● for drilling rock in quarries or underground

 feet

 hours

● in mining coal or in sinking shafts or for tunnelling in civil engineering works

 feet

 hours

● on stone in a quarry works

 feet

 hours

Machines engaged in cutting, shaping or cleaning metal nails

 feet

 hours

Industrial Injuries Disablement Benefit for occupational deafness – continued

Have you used any of these tools or machines or have you worked close to someone using them?	Used	Not used but worked close to someone using it. Tell us the distance	Number of hours daily	Employer you worked for at the time
Plasma spray guns to spray molten metal	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Shot-blasters to carry abrasives in air for cleaning	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Firearms as a police firearms training officer	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Vibrating metal moulding boxes in the concrete products industry	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Circular saws for cutting concrete masonry blocks	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Automatic moulding, automatic blow moulding or automatic glass pressing and forming machines used in the manufacture of glass containers or hollow ware	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Spinning machines using compressed air to produce glass wool or mineral wool	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
Continuous glass toughening furnaces	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>

Have you ever worked in textile manufacturing in rooms or sheds where there are machines engaged in	Worked in the process	Not worked in the process but worked close to someone else working in it. Tell us the distance	Number of hours daily	Employer you worked for at the time
● weaving man-made or natural, including mineral, fibres	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
● the high speed false twisting of fibres?	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>

Industrial Injuries Disablement Benefit for occupational deafness – continued

Have you ever used or worked close to a plant (excluding power press plant) engaged in the forging (including drop stamping) of metal by means of	Used	Not used but worked close to someone using it. Tell us the distance	Number of hours daily	Employer you worked for at the time
● closed or open dies	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
● drop hammers?	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>

Have you ever used any of these machines, or worked close to someone using these machines on wood or material made partly of wood?	Used	Not used but worked close to someone using it. Tell us the distance	Number of hours daily	Employer you worked for at the time
● multi-cutter moulding machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
● planing machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
● automatic or semi-automatic lathes	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
● multiple cross-cut machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
● automatic shaping machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
● double-end tenoning machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
● vertical spindle moulding machines, including high-speed routing machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
● edge banding machines	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
● bandsawing machines with a blade width of 75mm or more	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
● circular sawing machines in the operation of which the blade is moved towards the material being cut	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
● chain saw	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>

Have you ever used, or worked close to, high pressure jets of water, or a mixture of water and abrasive material? High pressure means more than 680 bar.	Used	Not used but worked close to someone using it. Tell us the distance	Number of hours daily	Employer you worked for at the time
	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>

Industrial Injuries Disablement Benefit for occupational deafness – continued

Have you ever worked in any of these processes, or worked close to someone else working in any of these processes?

Worked in the process

Not worked in the process but worked close to someone else working in it. Tell us the distance

Number of hours daily

Employer you worked for at the time

● Air arc gouging

 feet

 hours

● Burning stone in quarries by jet channelling processes

 feet

 hours

● Mechanical cleaning of bobbins

 feet

 hours

Have you ever worked on gas turbines used for

● performance testing on test bed

 feet

 hours

● installation testing of replacement engines in aircraft

 feet

 hours

● acceptance testing of Armed Service fixed wing combat planes?

 feet

 hours

Have you worked in the area of skid-transfer banks in a steel mill?

No Yes

Number of hours daily
 hours

Employer you worked for at the time

Have you worked in the area of knock-out and shake-out grids in foundries?

No Yes

Number of hours daily
 hours

Employer you worked for at the time

Have you ever worked in a ship's engine room?

No Yes

Number of hours daily
 hours

Employer you worked for at the time

Declaration

- I declare that the information I have given on this form is correct and complete as far as I know and believe.
- I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

Signature

Date

 / /

Industrial Injuries Disablement Benefit for occupational asthma or allergic rhinitis

If you are claiming Industrial Injuries Disablement Benefit for

- allergic rhinitis (Prescribed Diseases D4), **or**
- occupational asthma (Prescribed Diseases D7)

please fill in this form and send with a completed **BI100PD** claim form to your regional disablement benefit office. You can find the list of offices in the **BI100PD Notes** which we sent you with this claim form.

Surname or family name

Mr/Mrs/Miss/Ms/Dr/Rev

All other names – in full

National Insurance (NI) number

Letters Numbers Letter

In any of the jobs you have told us about, were you exposed at any time to any of the things listed on this page or on pages 2 and 3?

Employer you worked for at the time

a isocyanates

No Yes

b platinum salts

No Yes

c fumes or dusts arising from the making, transport or use of hardening agents (including epoxy resin curing agents) based on phthalic anhydride, tetrachlorophthalic anhydride, trimellitic anhydride or triethylenetetramine

No Yes

d fumes arising from the use of rosin as a soldering flux

No Yes

e proteolytic enzymes

No Yes

f animals including insects and other arthropods used for research, education or in laboratories.

No Yes

Note – this is different to **o** on **page 2**

Industrial Injuries Disablement Benefit for occupational asthma or allergic rhinitis – continued

g dusts arising from the sowing, cultivation, harvesting, drying, handling, milling, transport or storage of barley, oats, rye, wheat or maize. Dusts caused by the handling, milling, transport or storage of meal or flour made from barley, oats, rye, wheat or maize

No Yes

Employer you worked for at the time

h antibiotics

No Yes

i cimetidine

No Yes

j wood dust

No Yes

k ispaghula

No Yes

l castor bean dust

No Yes

m ipecacuanha

No Yes

n azodicarbonamide

No Yes

o animals including insects and other arthropods or their larval forms, used for pest control or fruit cultivation. The larval forms of animals used for research, education or in laboratories.
Note – this is different to f on page 1

No Yes

p glutaraldehyde

No Yes

q persulphate salts or henna

No Yes

r crustaceans or fish, or products arising from crustaceans or fish in the food processing industry

No Yes

s reactive dyes

No Yes

Industrial Injuries Disablement Benefit for occupational asthma or allergic rhinitis – continued

Employer you worked for at the time

t soya beanNo Yes **u** tea dustNo Yes **v** green coffee bean dustNo Yes **w** fumes from stainless steel weldingNo Yes **Do you think your asthma was caused by any other substance you were exposed to at work?**No Yes Please tell us about this.

What was the substance?

Please be as precise as possible. General terms such as smoke, fumes or dust will not be good enough.

Which employer or employers were you working for when you were exposed to the substance?
For example, employer 3.**Declaration**

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

Signature

Date