

# 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, in connection with work, or whilst on an approved or registered training scheme or course.

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 Industrial Injuries Disablement Benefit office. You can find a list of offices on **page 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](http://www.dwp.gov.uk/advisers/db1/appendix/appendix1.asp)**

Or you can get the **BI100PD list** from your Industrial Injuries 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, or a disease caused by an approved or registered training scheme or course.

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 Industrial Injuries Disablement Benefit office.

# **Am I entitled to Industrial Injuries Disablement Benefit?** continued

There are also time limits on 5 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.

## **A14 – osteoarthritis of the knee**

You must have worked for at least 10 years underground in a coal mine. If this work was after 1986, it must have been in certain occupations known to cause osteoarthritis of the knee. From 30 March 2012, you can also claim Industrial Injuries Disablement Benefit for osteoarthritis of the knee if you have worked wholly or mainly fitting or laying carpets or floors (other than concrete floors), for a period of, or periods which amount in aggregate to, 20 years or more.

## **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.

## **D10– primary carcinoma of the lung**

From 1st August 2012, coke oven workers have been included in the list of those who can claim Industrial Injuries Disablement Benefit for this disease. You must have worked mainly as a coke oven worker for at least 5 years in top oven work, or at least 15 years in other oven work. If you worked fewer years on both types of oven work, then the time spent on both can be added together to help you qualify

## **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, or periods up to 40 years if you worked on the surface of a coal mine as a screen worker before 1983, or a mixture of the two such that 2 years on the surface equates to 1 year underground.

# Am I entitled to Industrial Injuries

## Disablement Benefit? continued

**The amount you get depends on how seriously you are disabled.** We usually need you to go to a medical . We may need you to take a breathing test or a hearing test and we may need you 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.

## 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.

## When to claim continued

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 the 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.

## Claiming for Diffuse Mesothelioma

If you are claiming for the prescribed disease **D3 – Diffuse Mesothelioma**, we will not send you for a medical examination.

Please send us medical evidence to show that you are suffering from this disease. Your specialist respiratory nurse, hospital consultant or cancer nurse may be able to give you a medical statement **BI100PN(A)** which will act as evidence that you have the disease.

If they cannot give you a **BI100PN(A)**, ask them for a statement that shows that you have the disease Diffuse Mesothelioma, the date you started to suffer from it, called the date of onset, and the date you were diagnosed. Send this statement to us straight away.

# 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 may 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. Please give us full details in **Part 4** of the claim form. Tell us if you can travel by taxi or if a relative can give you a lift. If you need a doctor to visit your home, please give full details of why this is necessary.

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.



## 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:

Jobcentre Plus

Barrow IIDB Centre

Pittman Way

Preston

PR11 2AB

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 wait more than 12 months to claim the additional payment, we might not be able to pay you.

## 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 if you live outside the UK please contact the International Pension Centre for advice at:

International Pension Centre  
Industrial Injuries  
Room TC013  
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 Industrial Injuries Disablement Benefit office. There is a list of offices on **page 12** of these notes.

Or you can ring the Benefit Enquiry Line for people with disabilities. The number is **0800 88 22 00**. You can also contact an advice centre like the Citizens Advice Bureau.

If you have speech or hearing difficulties you can contact us using a textphone on **0845 608 8551**. 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 Advice on **0845 345 4 345**.

For more information about benefits and services visit our website at **[www.gov.uk/browse/benefits](http://www.gov.uk/browse/benefits)**

## Help with filling in the form

If you want help filling in the claim form or any part of it, phone your regional Industrial Injuries Disablement Benefit office. There is a list of offices on the next page. 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 them. If you need a form in braille or large print, tell them and they will arrange this.

## Addresses of the Industrial Injuries Disablement Benefit offices

We deal with Industrial Injuries Disablement Benefit at 2 regional offices. If you have any questions about the benefit, please phone the office which deals with the area where you live. The addresses below are mailing addresses only

<b>Region</b>	<b>Office name</b>	<b>Phone number</b>
Scotland, North West, East of England, London and South East	Jobcentre Plus Barrow IIDB Centre Pittman Way Preston PR11 2AB	0845 603 1358
Yorkshire and The Humber, North East, East and West Midlands, South West and Wales	Jobcentre Plus Barnsley Brightside Lane Sheffield S99 1AB	0845 758 5433

# Industrial Injuries Disablement Benefit for a prescribed industrial disease

jobcentreplus

Department for  
Work and Pensions

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

Please read the notes before you fill in this form.

- Please answer all the questions that apply to you and your partner.
- If your disease was caused by activities on an approved or registered training scheme or course, complete the form as though you were working for an employer.

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

To find out more about how we use information, visit our website [www.dwp.gov.uk/privacy.asp](http://www.dwp.gov.uk/privacy.asp) or contact any of our offices.

# Part 1: About you

## Please tell us about yourself

### Surname or family name

Mr Mrs Miss Ms Dr Rev

### All other names - in full

### Any other surnames you have been known by or are using now.

Please include maiden name, all former married names and all changes of family name.

### Address

Please tell us your address, and tell us your partner's address, if it is different.

Postcode

### Home phone number

Code      Number

### Mobile phone number

Code      Number

### Daytime phone number, if different

Code      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

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### 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.

## Part 2: Filling in the form and signing it for someone else

### Please read pages 4 and 5 of BI100PD Notes.

Only complete this section if you are filling in the form for the claimant because they are **unable** to do so.

### Please tell us why the claimant cannot fill in the form.

Tick the boxes that apply.

The claimant cannot sign the form because their illness or disability makes it impossible to do so.

The Department for Work and Pensions has appointed me to get the claimant's benefits and deal with social security matters on the claimant's behalf.

The claimant is unable to manage their affairs because of mental illness or mental disability

Any other reason – please explain

### Please tell us about yourself

Surname or family name

Mr Mrs Miss Ms Dr Rev

All other names - in full

What is your relationship to the claimant?

### Address

Please tell us your address, and tell us your partner's address, if it is different.

  
  
  
  
  

Home phone number

Code      Number

Mobile phone number

Code      Number

Daytime phone number, if different

Code      Number

National Insurance (NI) number

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

Letters    Numbers                      Letter

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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● **Remember**, if you need help filling in this form, or any part of it, phone your regional disablement office.

## Part 3: 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](http://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. There is a 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?



### Part 3: About your work and your disease continued

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

**Name and address of the employer where you did the work**

**Employer's phone number, if you know it**

**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.

**In which industry or business area is this company involved?**

**Is this employer still in business?**

**Please tell us the name and address of your GP**

**Phone number of your GP, if you know it**

**Are you claiming for Diffuse Mesothelioma?**

This is Prescribed Disease **D3** on our list of jobs and diseases.

#### Employer 1

Postcode	

Code	Number
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From		To	
/	/	/	/

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No   
Yes

Postcode	

Code	Number
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No   
Yes  Please read **page 6** of **BI100PD Notes**.

#### Employer 2

Postcode	

Code	Number
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From		To	
/	/	/	/

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No   
Yes

## Part 4: About medical treatment

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

- No  Go to the question at the bottom of this page about medical examinations.
- 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**

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

**Did you have an x-ray?**

- No
- Yes

**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
- Yes  **Please send a copy of the medical report with this form.** If you are claiming for the prescribed disease **D3 – Diffuse Mesothelioma**, please read **page 6** of BI100PD Notes to find out more about the evidence you need to send.



## Part 6: About other benefits and entitlements continued

### Are you getting or are you claiming

War Disablement Pension?

Nature of the injury or disease  Percentage disablement  %

Armed Forces Compensation Scheme?

Nature of the injury or disease  Tariff of disablement

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

Name of benefit, allowance or pension



Reference number, if you know it



Date of claim or application

 /  / 
 /  / 

Address of the office dealing with your claim or application

  
  
  
 Postcode

  
  
  
 Postcode

Name of benefit, allowance or pension



Reference number, if you know it



Date of claim or application

 /  / 
 /  / 

Address of the office dealing with your claim or application

  
  
  
 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

 Mr Mrs Miss Ms Dr Rev

Their other names

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

Letters   Numbers   Letter

     

Date of birth

 /  /

## Part 7: How we pay you

We can pay your Industrial Injuries Disablement Benefit every 4 weeks, every 13 weeks or every week.

**Please tell us how often you want us to pay your benefit**

Every 4 weeks

Every 13 weeks

Every week

If you want more information, get in touch with your regional Industrial Injuries Disablement Benefit office. You can find the list of offices in the **BI100A Notes** which we sent you with this form.

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### **We normally pay your money into an account.**

Many banks and building societies will let you collect your money at the post office.

We will tell you when we will 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.

### **Finding out how much we have paid into the account**

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.

### **If we pay you too much money**

We have the right to take back any money we pay that you are not entitled to. This may be because of the way the system works for payments into an account.

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.**

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**Fill in the rest of this form. You do not have to wait until you have opened an account or contacted us.**

## **What to do now**

- Tell us about the account you want to use on the next page. By giving us your account details you:
  - agree that we will pay you into an account, and
  - understand what we have told you above in the section **If we pay you too much money.**
- If you are going to open an account, please tell us your account details as soon as you get them.
- If you do not have an account, please contact us and we will give you more information.

## About the account you want to use

- You can use an account in your name, or a joint account.
- You can use someone else's account if
  - the terms and conditions of their account allow this, and
  - they agree to let you use their account, and
  - you are sure they will use your money in the way you tell them.
- You can use a credit union account. You must tell us the credit union's account details. Your credit union will be able to help you with this.
- If you are an appointee or a legal representative acting on behalf of the claimant, the account should be in your name only.

### Please tell us your account details below.

**It is very important you fill in all the boxes correctly, including the building society roll or reference number, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.**

You can find the account details on your chequebook or bank statements. If you do not know the account details, ask the bank or building society.

#### Name of the account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

#### Full name of bank or building society

#### Sort code

Please tell us all 6 numbers, for example: 12-34-56.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Account number

Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Building society roll or reference number

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letters and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.

## Part 8: Other information

**Please 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 that you

- put your full name and National Insurance number on each sheet of paper, **and**
- sign and date each sheet that you use.

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**Please give details of your local post office.**

We still need post office details even if your money is paid into an account.

Postcode

## Part 9: 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, my benefit may be stopped and 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

Signature

Date

- this claim for benefit
- any request for this claim to be looked at again and 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 or be awarded in the future.

**This is my claim for Industrial Injuries Disablement Benefit.**

## Part 10: What to do now

### 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.** But if you are claiming for **Diffuse Mesothelioma**, please read **page 6** of **BI100PD Notes**.

### 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. There is a list of offices in the **BI100PD Notes** which we sent you with this form.

**Surname or family name**

**All other names** - in full

**National Insurance (NI) number**

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

	<b>Used</b>	<b>Not used</b> but worked close to someone using it. Tell us the distance	<b>Number of hours daily</b>	<b>Employer you worked for at the time</b>
<b>Have you used any of these tools or machines or have you worked close to someone using them?</b>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
<b>Powered, but not hand powered, grinding tools used on metal other than sheet metal or plate metal</b>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
<b>Band saws, circular saws or cutting discs for cutting metal in the metal founding or forging industries</b>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
<b>Circular saws for cutting products in the manufacture of steel</b>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
<b>Burners or torches for cutting or dressing steel-based products</b>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
<b>Pneumatic percussive tools</b>				
● on metal	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
● for drilling rock in quarries or underground	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
● in mining coal or in sinking shafts or for tunnelling in civil engineering works	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>
● on stone in a quarry works	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>

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● **Remember**, if you need help filling in this form, or any part of it, phone your regional disablement office.

# Industrial Injuries Disablement Benefit for occupational deafness continued

	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	
Have you used any of these tools or machines or have you worked close to someone using them?	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>	
Machines engaged in cutting, shaping or cleaning metal nails	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> feet	<input type="text"/> hours	<input type="text"/>	
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"/>	
<b>Have you ever worked in textile manufacturing in rooms or sheds where there are machines engaged in</b>		<b>Worked in the process</b>	<b>Not worked in the process</b> but worked close to someone else working in it. Tell us the distance	<b>Number of hours daily</b>	<b>Employer you worked for at the time</b>
● 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"/>	

● **Remember**, if you need help filling in this form, or any part of it, phone your regional disablement office.

# 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**

- closed or open dies
- drop hammers?

**Used**

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

 feet

**Number of hours daily**

 hours

**Employer you worked for at the time**

**Have you ever used any of these machines, or worked close to someone using these machines on wood or material made partly of wood?**

- multi-cutter moulding machines
- planing machines
- automatic or semi-automatic lathes
- multiple cross-cut machines
- automatic shaping machines
- double-end tenoning machines
- vertical spindle moulding machines, including high-speed routing machines
- edge banding machines
- bandsawing machines with a blade width of 75mm or more
- circular sawing machines in the operation of which the blade is moved towards the material being cut
- chain saw

**Used**

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

 feet

**Number of hours daily**

 hours

**Employer you worked for at the time**

**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

 feet

**Number of hours daily**

 hours

**Employer you worked for at the time**

● **Remember**, if you need help filling in this form, or any part of it, phone your regional disablement office.

# 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?

● Air arc gouging

Worked in the process

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

feet

Number of hours daily  hours

Employer you worked for at the time

● 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

Number of hours daily

Employer you worked for at the time

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

No  Yes

hours

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

No  Yes

hours

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

No  Yes

hours

## 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, my benefit may be stopped and 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.

There is a 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 manufacture, 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 the purposes of research, or education or in laboratories. Note – this is different from section o on page 2**

No     Yes

# 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. Or the handling, milling, transport or storage of meal or flour made there.

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 the purposes of pest control or fruit cultivation. or the larval forms of animals used for the purposes of research, education or in laboratories.

No  Yes

**Note – this is different from section f on page 1**

**p** glutaraldehyde

No  Yes

**q** persulphate salts or henna

No  Yes

**r** crustaceans or fish, or products arising from these 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 bean No  Yes

**u** tea dust No  Yes

**v** green coffee bean dust No  Yes

**w** fumes from stainless steel welding No  Yes

**x** products made with natural rubber latex No  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, my benefit may be stopped and I may be liable to prosecution or other action.

**Signature**

**Date**