ACCIDENT AND INJURY FUND
CLAIM FOR DISABLEMENT BENEFIT

Please complete this form and return it to Membership Department, Fire Brigades Union, Bradley House, 68 Coombe Road, Kingston-Upon-Thames, Surrey KT2 7AE membership@fbu.org.uk

Please use BLOCK CAPITALS where appropriate.

Special attention should be paid to Time Limits, Definitions, Exclusions and Claims & Administration.

This form should be completed, printed off, signed as required at the appropriate sections and returned to head office.
Supporting documentation and/or evidence may be requested.
Please ensure you enclose proof of the reduction in sick pay and copies of sick notes with your application.

SECTION ONE – GENERAL INFORMATION

Membership No

FRS/Brigade

Station/Workplace

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Surname

Forename(s)

Address

Postcode

Home number

Mobile number

Personal email

SECTION TWO – DETAILS OF CLAIM

(A) First day of sick-leave in relation to this claim **Date** D D M M Y Y Y Y

(B) Category of Claim (Please mark an x in the box as appropriate

(1) Off-duty incident ☐

If you are claiming for an off-duty incident, please refer to the rule which governs the AIF. Benefits are not currently paid for the first six months of sickness, except where sick pay has been reduced. Please note that the Rule lists exclusions, such as injuries sustained whilst playing sports.

(2) On-duty incident ☐ **Firefighting (Y/N)** ☐ **Emergency Special Services (Y/N)** ☐

(3) Illness/Disease ☐

(4) Permanent Disablement ☐ **If claiming for Permanent Disablement, please to to section (f). If claiming because of an incident, please supply details below/overleaf, otherwise please go to section 2(f).**

(C) Date and approximate time of incident

Date D D M M Y Y Y Y **Time (24HR Clock)**

SECTION TWO – DETAILS OF CLAIM (CONTINUED)

Please give full details and attach relevant documents to this form. Continue on a separate sheet if necessary.

(D) Location

Where did the incident occur?

(E) Please explain the circumstances of the incident, continue on a separate sheet if necessary.

SECTION TWO – DETAILS OF CLAIM (CONTINUED)

(F) Please give details of type of injury(ies) or illness and, if applicable, affected areas of body.

If claiming for illness, e.g. work-related stress, supporting medical evidence must be supplied. Claim will be rejected unless medical evidence clearly links reason for sickness-absence to fire service duties.

SECTION THREE – BANK/BUILDING SOCIETY DETAILS FOR PAYMENT OF BENEFIT

Bank/Building Society Name

Account Name

Account Number

Sort Code

SECTION FOUR – USING YOUR PERSONAL INFORMATION

The Fire Brigades Union uses the information you provide on this claim for disablement benefit to comply with our rule book and to provide you with the benefits and services of membership. We use the information to organise and carry out our activities as a trade union. For more information read the privacy statement for members www.fbu.org.uk/privacy

The Fire Brigades Union's data protection officer can be contacted at DPO@fbu.org.uk for further information or to raise any concerns.

I would like to receive:	**Yes**	**No**
Firefighter magazine **This magazine gives you news and information that might affect you as a member. If you decide you do not want Firefighter magazine we will not send it to you. It will not affect your membership but you might find it more difficult to know what is going on.**	☐	☐
Rollcall (electronic magazine) **This is another way of getting news and information of Interest to firefighters. If you decide you do not want Rollcall we will not send it to you. It will not affect your membership but you might find it more difficult to know what is going on.**	☐	☐
Third party marketing **Agreeing to third party marketing allows the Fire Brigades Union to provide your name and address to third parties who will mail you with information about products and services. If you decide that you do not want third party marketing information it will not affect your membership or activity within the Fire Brigades Union. You can tell us that you do not want to have any third party marketing at any time by contacting membership@fbu.org.uk and we will make sure that you are not sent further marketing material.**	☐	☐

SECTION FIVE

I do hereby declare that the foregoing particulars are true in every respect.

Signature X

Date D D M M Y Y Y Y

SECTION SIX – ENDORSEMENT OF FBU (BRIGADE OFFICIAL OR HIGHER)

Name

Title/Position

Contact Phone No

I am satisfied that this is a genuine claim, submitted according to the rules and policies of the Fire Brigades Union.

Signature

Date D D M M Y Y Y Y