

APPLICATION	REIMBURSEMENT OF DECEASED BENEFICIARY FUNERAL COSTS
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GUIDANCE NOTES FOR APPLICANTS

This form is for bereaved cohabiting partners of deceased beneficiaries who are registered with the Infected Blood Payment Scheme for Northern Ireland and who wish to apply for reimbursement of funeral costs up to a maximum amount of £4,500.

PLEASE ENCLOSE THE FOLLOWING SUPPORTING DOCUMENTATION

- Copy of the deceased death certificate
- Copy of funeral cost invoices/receipts

HOW TO APPLY

Please complete all sections of this form and send it along with the supporting documentation to:

Infected Blood Payment Scheme for Northern Ireland
Business Service Organisation
Finance Directorate (2nd Floor)
2 Franklin Street
Belfast
BT2 8DQ

Please note the application form and supporting documentation can also be sent electronically to the following email address: BSO.IBSS@HSCNI.NET

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SECTION 1	DATA PROTECTION AND APPLICANT'S DECLARATION
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✓ Please tick to confirm

☐ **I understand that** data I provide may be shared with HSC service providers to ensure accurate and timely payment and for the purposes or prevention, detection and investigation of crime by the Business Service Organisation Counter Fraud & Probity Service

DECLARATION BY APPLICANT

I agree that the information I give on this form is complete and correct.

I agree to repay any money I receive to which it is found that I am no longer entitled.

I agree to repay any money credited to me in error by the Infected Blood Payment Scheme for Northern Ireland

I understand if I knowingly give wrong or incomplete information I may be prosecuted.

I understand the Infected Blood Payment Scheme for Northern Ireland may require to access data held on me by other public bodies and/or make any additional enquiries with other public bodies that may be necessary in order to reach a decision regarding my application.

Signature of
Applicant

Date

HOW WE USE YOUR INFORMATION

Under the Data Protection Act 1998, we have a duty to protect personal health information. This information is securely held, closely monitored and managed according to strict guidelines. Access to personal information is only given on a strict need to know basis and there are formal authorisation processes in place to gain access to the data.

We only collect essential personal information required to process applications and make payments under the Infected Blood Payment Scheme for Northern Ireland. This includes:

- a) Your demographic information, marital status, National Insurance number and H&C number;
- b) Details of your healthcare providers and the care you have received;
- c) Bank account details;
- d) Personal contact details.

SECTION 2 BEREAVED SPOUSE/ PARTNER DETAILS

Title	<input type="text"/>	First Name	<input type="text"/>
Middle Name(s)	<input type="text"/>	Surname	<input type="text"/>
Previous Names	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Home Telephone	<input type="text"/>	Mobile Telephone	<input type="text"/>
E-Mail Address	<input type="text"/>	Date of Birth	<input type="text"/>

SECTION 3 DECEASED DETAILS**Please provide details of the deceased:**

Title	<input type="text"/>	First Name	<input type="text"/>
Middle Name(s)	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Death	<input type="text"/>
What was your relationship to the deceased?	<input type="text"/>		

SECTION 4 DESCRIPTION OF COSTS

Please confirm the total amount being claimed

£

Please provide a description of the costs being claimed and the amounts. The description of costs being claimed and the amounts must correlate to submitted invoices/ receipts: