

22/9/08

Dear

Please find attached details of three pensioners who are entitled to receive an Injury Pension from Lancashire Fire & Rescue Service as a result of an injury on duty.

The Injury Pension is subject to reduction by any State Benefits which relate to the injury.

Please complete the attached forms, showing any benefits payable from the dates specified which relate to the injury, including any changes up to the present date. Please return it at your earliest convenience.

This information is required to carry out a review to ensure the correct amount of injury pension is being paid.

Type of Benefit	Amount (pounds)	Commenced	Ceased
(Please see attached sheet for applicable benefits)			

Signed: _____ Date: _____

Please return to:
Lancashire Pensions Services
PO Box 100
County Hall
Preston
PR1 0LD
Tel: 01772 630530

THE FIREFIGHTERS PENSION SCHEME

Name: Paul Peter Burns NI Number: [REDACTED]
Pension Date: 31 January 1997 Date of Injury: October 1964
Injury: Impaired hearing and Tinnitus

Please provide details of all benefits from 31 January 1997

The above named is in receipt of/has received the following benefits from the Benefits Agency from _____

Incapacity / Disablement Section (please delete as appropriate).

Type of Benefit (please see attached sheet for applicable benefits)	Amount pounds	Commenced	Ceased
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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No king letter in list

THE FIREFIGHTERS PENSION SCHEME

Name: Charles J King NI Number: [REDACTED]
Pension Date: ~~12 April 1976~~ Date of Injury: ~~17 May 1990~~
Injury: [REDACTED] & Minor panic. Medical opinion at the time indicated that his
psychological condition had been as a result of burns to body and limb at fire
on 17 May 1990.

Dyspnoea

Please provide details of all benefits from 12 April 1976

The above named is in receipt of/has received the following benefits from the Benefits Agency from _____

Incapacity / Disablement Section (please delete as appropriate).

Type of Benefit (please see attached sheet for applicable benefits)	Amount \pounds	Commenced	Ceased
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed: _____ Date: _____

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No Hinton letter in list.

THE FIREFIGHTERS PENSION SCHEME

Name: ~~John Stanley Hinton~~
Pension Date: 31 January 2001
Injury: [REDACTED]

NI Number: [REDACTED]
Date of Injury: August 1987

Please provide details of all benefits from 31 January 2001

The above named is in receipt of/has received the following benefits from the Benefits Agency from _____

Incapacity / Disablement Section (please delete as appropriate).

Type of Benefit (please see attached sheet for applicable benefits)	Amount \pounds	Commenced	Ceased
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed: _____ Date: _____

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