

Working on behalf of



LPP

Local Pensions Partnership Administration

Phone: 0300 323 0260

Web: lppapensions.co.uk

Contact us: lppapensions.co.uk/contact

ZON / CS / 3040636 / 000332



Date: 4 April 2024

Ref: 143111-1FL

Dear

FIREFIGHTERS' PENSION SCHEME (FPS)

The Local Pensions Partnership makes payments of your pension benefits on behalf of your Fire and Rescue Authority and my records indicate you are currently in receipt of an injury pension. As part of the National Fraud Initiative it is required to verify that the correct level of injury pension is being paid and the appropriate deduction for any relevant state benefit being received is being deducted from your pension.

Accordingly we would be grateful if you could complete and return the attached declaration form regarding any relevant payments you are currently receiving from the Department of Works and Pensions (DWP). This will enable your pension record to be verified with data supplied by the DWP and the National Fraud data return to be completed.

There is no need to declare payments made by the State Pension or under your Fire Fighter's Pension Scheme.

It is very important you complete and return the form, even if you have no entitlement to relevant benefits at present.

Failure to do so may regrettably lead to a suspension of future payments of your injury pension until your record has been verified. If we do not receive a reply from within 28 days your injury pension may be subject to suspension in part or full.

Your co-operation in completing the form and its prompt return would be greatly appreciated as this will reduce the need for further correspondence. We hope the Fact Sheet attached answers all your queries however please feel free to call us if you require any assistance.

The form can be returned by post or uploading on our Contact Us form, the link for which can be found below:

<https://www.lppapensions.co.uk/contact/contact-lppa/>

Yours sincerely

LPPA Operations Team

Please return any correspondence, documents or forms to this address:

LPPA, PO Box 1383, Preston, PR2 0WR

Company Registration 09985860, Registered in England and Wales

Registered Address: Local Pensions Partnership Administration Ltd, Level 2 Christ Church Precinct, County Hall Complex, Preston, PR1 8XJ

3040636 / 332 / 1 / 3 / 1429 / 9974

DUE TO SERVICE
PENSIONS AND STATE
DISABLEMENT BENEFITS

LPP

Local Pensions Partnership



As you have retired on an injury pension due to an accident, illness, injury or other condition attributable to your firefighting duties then you are required to claim for certain State benefits and must let us know of any disablement or sickness benefits you receive. You should always inform us of any benefit you receive from the Department of Works and Pensions (DWP), Job Centre Plus (JCP), Benefits Agency (BA) or any related department for any illness, accident or condition as these benefits will need to be taken into account when calculating your final injury pension amounts. In the majority of cases only those benefits related to a condition or injury that contributed to your receipt of an injury award are deductible. However, we ask you keep us informed of any and all benefits for completeness so we may take into account those which are relevant.


The benefits we need to be informed about are chiefly:

Industrial Injuries Disablement Benefit

Incapacity Benefit, Invalidity Benefit, Employment and Support Allowance

Reduced Earnings Allowance, Severe Disablement Allowance, Retirement Allowance

It is also important that you inform us when a benefit changes in order to make sure your records are up to date and any adjustments made as necessary. Please send us a copy of the notification you receive from the DWP, JCP or BA. If they cannot provide a written notification you can use the form on the reverse of these notes to give us details of the change. **You must complete both the forms attached before we can make payment of your injury pension. If you have not yet had the results of your claim please declare that a claim has been made and results are pending.**

As a recipient of an injury pension you will be contacted periodically in order to confirm details of your current benefit entitlements. These will generally be routine checks that we need to make for audit purposes and we ask you reply to any requests as soon as possible to avoid any delay in the payment of your pension. These routine communications also help us confirm you are still living at the same address and act as a confirmation of life.  **It is your responsibility to advise the LPP of any changes to your benefits. If you fail to do so, you may not receive the correct amount of injury award pension payable to you and any overpayment made to you will need to be repaid.**



Benefits may increase or decrease over time and we have a duty to make sure your pension is paid accurately and overpayments will be subject to recovery. If you are in any doubt please contact the Firefighters' Pension Team for clarification.



LPP – Your Pensions Service
PO Box 1383
Preston
PR2 0WR

<https://www.lppapensions.co.uk/>

<https://www.lppapensions.co.uk/contact/contact-lppa>

Firefighters' Pension Scheme – Injury Award DWP Information

Name: _____

Pension number: _____ NI number: _____

Address: _____

Declaration:

I certify I am currently in receipt of the following state benefits:

Name of benefit	Amount of payment	Per week / month/ year	Date of change

Please delete as appropriate:

- * The above benefit(s) has changed from an amount previously advised to you.
- * The above benefit is a new benefit; please inform me if this affects my pension.
- * The above benefit has ceased, please find attached copies of DWP correspondence confirming the date of cessation.

If possible please attach copies of DWP correspondence confirming any changes and giving as much information as possible about the benefit.

Or

I certify I am not currently in receipt of any benefits from the Department of Works and Pensions, Job Centre Plus or related departments.

Certification:

- I certify the above declaration is true to my current situation
- I authorise the Local Pensions Partnership to contact the DWP and any other relevant authorities with regard to my benefits should any further clarification or information be required
- I certify I will inform the Local Pensions Partnership in writing should any of my payments alter, cease or I begin to receive new payments not currently declared.
- I am aware failure to declare changes in benefits may result in the incorrect payment of my injury pension and adjustments may need to be made once LPP are aware of the correct figures.

Signed _____ **Date** _____

You may photocopy this form and keep the original for information

Declaration of application for DWP benefits

I certify that I have made application to the Department for Work and Pensions (DWP) for the allowances as set out in the Firefighters' Compensation Scheme as detailed in the attached notes for all accidents on which I have been retired from the Fire and Rescue Service.

In consideration of the LPP paying to me without reduction the injury pension payable, in respect of Schedule 1, Part 2 Rule 3 of the Firefighters' Compensation Scheme (England) Order 2006, I undertake

- (a) to inform the LPP of the decision made by the Department for Work and Pensions or of any subsequently amended decision;-
- (b) to repay such sums as have been paid by the LPP in lieu of Department for Work and Pension allowance as defined above in one lump sum when notified by the payment section; and
- (c) to reply quickly to any queries raised by the Department for Work and Pensions and the LPP in connection with my applications.

I authorise the LPP to correspond with the Department for Work and Pensions on my behalf in regard to claims for the said allowances on such occasions as seem to the LPP/FRA appropriate. Due to default of any part of this agreement on my part, I accept that the LPP/FRA may cease payment of that part of the injury pension which is being paid on account pending the Department for Work and Pensions decision.

Name (block capitals).....

Signature..... Date.....

The witness should be over 18 and not a relative:

Signed in the presence of.....

Signature of witness..... Date.....

Occupation.....

Address.....

.....

**On completion, this form must be returned to:
LPPA - Your Pension Services, Fire South Team, PO Box 1383, Preston, PR2 0WR**

Please provide contact details of the DWP office to which you have made your claims

Area office

Address

.....

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Date