



Firefighter Pension Scheme Compensation Claim Form

Personal details:

Full name	
National Insurance Number	
Date of birth	
Email address	
Phone number	
Address	

I am making a compensation claim for (please select as applicable):

A – Direct financial loss (complete form A)	
B – Part 4 tax loss (complete form B)	

Declaration:

Please read each of the statements below and if you agree, sign, date and return the form, along with your evidence:

- ✓ I confirm that I have completed all parts of either form A or form B, including providing my justification for making a compensation claim.
- ✓ Where necessary I have sought calculations from HMRC to establish the financial loss that I have suffered.
- ✓ I declare that the information I have provided in this compensation claim form is true to the best of my knowledge.

Full name (please print)	
Signature	
Date	

Return the entire form and any supporting evidence (if applicable) to:

nifrsqueries@hscni.net

Scheme Manager Decision			
Date compensation claim form received by scheme manager			
Notes about decision making by scheme manager <i>record anything here which outlines the reasons for your decision</i>			
Based on the evidence provided and the necessary criteria, my decision about this compensation claim is:			<div>Approve</div> <div>Decline</div>
Amount of direct compensation to be paid:			£
If compensation is to be paid by way of indirect compensation, provide details here			
Scheme manager name			
Date of decision			
Date reported to LPB			

FORM A

Personal details:	
Full name	
National Insurance Number	

A – Compensation claim – direct financial loss			
<i>I have suffered a direct financial loss and I wish to make a claim.</i>			
<i>The claim I am making is for (please select which type claim you are making)</i>			
Accountancy services			
Independent financial advice			
Legal services			
Other direct loss (please specify)			
Compensation claim amount			
The amount of compensation that I am claiming is		£	
My evidence			
You should consider what evidence you need to provide that will best support your claim as the scheme manager will require this to decide whether your claim can be accepted or not.			
<i>The evidence I am providing is (please select all that apply)</i>			
Receipt		Invoice	
Bank Statement		Calculation from HMRC	
Other evidence (please specify)			
Please also complete the justification section overleaf			

Personal details:

Full name

National Insurance
Number**Justification for compensation claim**

You should provide in your own words a statement which justifies your claim, this should include, but is not limited to:

- The reason why your claim for compensation should be met.
- Why this is an eligible claim.
- How this claim is attributable to remedy.

I am making a claim for compensation because:

FORM B

Personal details:	
Full name	
National Insurance Number	

A – Compensation claim – part 4 tax loss			
<i>I have suffered a part 4 loss and I wish to make a claim. (please specify below the part 4 loss that has occurred)</i>			
The part 4 tax loss that has occurred is:			
Compensation claim amount			
The amount of compensation that I am claiming is			£
My evidence			
You should consider what evidence you need to provide that will best support your claim as the scheme manager will require this to decide whether your claim can be accepted or not. <i>The evidence I am providing is (please select all that apply)</i>			
Receipt		Invoice	
Bank Statement		Calculation from HMRC	
Other evidence (please specify)			
Please also complete the justification section overleaf			

Personal details:

Full name

National Insurance
Number**Justification for compensation claim**

You should provide in your own words a statement which justifies your claim, this should include, but is not limited to:

- The reason why your claim for compensation should be met.
- Why this is an eligible claim.
- How this claim is attributable to remedy.

I am making a claim for compensation because: