

STRICTLY CONFIDENTIAL
BENEFITS SECTION

CHANGE OF CIRCUMSTANCES FOR HOUSING BENEFIT & COUNCIL TAX BENEFIT

INCOME SUPPORT/JOBSEEKERS ALLOWANCE(INCOME BASED) GUARANTEE CREDIT ENDING

Please only use this form if you already receive council tax benefit or housing benefit. If you have not claimed before or your last claim was ended, you must complete a full application form.

Please read these notes before filling in the form

- | | |
|---|---|
| <p>1. The information you give us on this form is confidential. However we may pass on certain information to the Department for Work and Pensions and other departments of the Council that are legally entitled to it. We may also use the information to prevent and detect fraud.</p> <p>2. Please read the questions carefully before answering, and fill in all parts of the form using black ink.</p> <p>3. If you cannot fill in the form yourself, someone else can do it for you. You must both sign the declarations at the end of the form.</p> <p>4. If you need any help with this form, please visit our office at Argyle Road or phone 01732 227000. If you cannot leave your home and have no-one who can help you, it may be possible to visit you in your home to help you complete the form and check the proof we need.</p> | <p>5. You must tell us about changes of circumstances (as soon as they happen). If you delay you may receive benefit which you are not entitled to which will have to be repaid, or you may lose benefit if your change of circumstances is beneficial and you do not tell us within 1 calendar month of the change occurring.</p> <p>6. If your circumstances change after you have filled out this form you must let us know straight away. Examples of things you must tell us about are:
-if you change address
-if you, or your partner stop getting Income Support/ Income-Based Jobseekers Allowance or Guarantee Credit
-if you, or your partner, go into hospital
-if anyone leaves or joins your household
-if anyone in your household has a change of income
Please note these are examples only - if in doubt tell us anyway. If you telephone you will normally be asked to confirm your changes in writing.</p> <p>7. The details you give us on this form will be used if you make a claim for a Discretionary Housing Payment</p> |
|---|---|

Please use black ink.

Name _____
Address _____ _____ _____
Phone Number _____
Email _____

Date of change

You do not have to give your phone number or Email address, but it will help us contact you more quickly if you do.

(office use only)

CTax Acc: _____
Property No: _____

1 About yourself and your partner

Do you have a partner who normally lives with you?

Yes No

We use partner to mean:

- a person you are married to or a person you live with as if you are married to them or
- a civil partner or a person you live with as if you are civil partners.

Please answer all the questions.

Yourself

Your Partner

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
	Other	Other
Surname		
First names		
Date of birth	/ /	/ /
National Insurance number		

2 More about you and your partner

Please answer all the questions.

	Yourself	Your Partner
Do you get the long-term rate Incapacity Benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you get Severe Disablement Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you registered as blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Registration Number		
Are you registered partially sighted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Registration Number		
Do you get Attendance Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you get Disability Living Allowance Care Component?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you get Disability Living Allowance Mobility Component?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does anyone get Carer's Allowance for looking after you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , please say who gets it		
Are you unable to work because of illness or disability? (We may ask you for proof.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , please give the date you became unfit for work	/ /	/ /
Are you in hospital at the moment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , please give the date you went into hospital	/ /	/ /
If yes , please give the date you hope to return home	/ /	/ /

You must provide original documents. We do not accept photocopies.

3 Money you pay out

Are any of your children cared for by a registered childminder, or any other registered or approved childcare provider, eg a nursery or an after-school club?

Yes No

If **yes**, how much do you pay each week?

£ : p

Name and address of childcare provider

Proof: We will need to see evidence of the childcare provider's registration and proof of the payments you make.

Do you or your partner pay anything towards a student grant?
If **yes**, how much do you pay?

Yes No

£ : p

Proof: We will need to see proof of the money you pay out. This may be a **statement of payments** or a **letter from your local education authority**.

4 About your income (not earnings or savings)

Do you or your partner get any pensions, benefits, allowances or other income (not earnings)
(If **no**, please go to section 5.)

Yourself
Your partner

Yes No Yes No

If **yes**, please fill in the boxes to show how much you and/or your partner get, how often, how you are paid and when the income started. Please give the **gross** income you are entitled to (before any deductions).

Proof: Please send us proof for each pension, allowance or other income that you or your partner gets. This may be **bank statements showing the amount received, award letters or payment slips**.

We will photocopy these documents and return them to you immediately.

If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month.

If you and your partner get any of the following, please fill in the boxes to show how much you both get, how often (weekly monthly, every 4 weeks), and how it is paid (direct through bank, building society or post office card account).

	Yourself				Your Partner			
	When did it start?	Amount £ p	How often is it paid?	How is it paid?	When did it start?	Amount £ p	How often is it paid?	How is it paid?
Pensions								
State Retirement Pension		:				:		
Private Pension		:				:		
Second Private Pension		:				:		
What date do you expect your next pension increase?		:				:		
Widowed Mother's Allowance or Widowed Parent's Allowance		:				:		
Widow's Allowance, Widow's Pension or Bereavement Allowance		:				:		
War Widow's or Dependant's Pension		:				:		
War Disablement Pension		:				:		
Industrial Disablement Pension		:				:		
Benefits and Allowances								
Guarantee Credit		:				:		
Income Support		:				:		

continued overleaf

You must provide original documents. We do not accept photocopies.

4 About your income (continued)

	Yourself				Your Partner			
	When did it start?	Amount £ p	How often is it paid?	How is it paid?	When did it start?	Amount £ p	How often is it paid?	How is it paid?
Income-based Jobseeker's Allowance		:				:		
Contribution-based Jobseeker's Allowance		:				:		
Savings Credit- Pension Credit								
Employment Training Allowance		:				:		
Child Benefit		:				:		
Working Tax Credit (please provide the full award letter)		:				:		
Incapacity Benefit		:				:		
Child Tax Credit (please provide the full award letter)		:				:		
Attendance Allowance		:				:		
Disability Living Allowance: Mobility Care		:				:		
Carer's Allowance		:				:		
Severe Disablement Allowance		:				:		
Exceptionally Severe Disablement Allowance		:				:		
Industrial Disablement Benefit		:				:		
Maternity Allowance		:				:		
Fostering Allowance		:				:		
Guardian's Allowance								

Other Income

Proof: Maintenance - please provide the **original court order notice or Child Support Agency notification** with current evidence of the payments you receive. This may be a **bank statement or a letter from the absent parent/partner** confirming the amount they pay.

Student Grants and Loans - please provide the **original award notifications**.

We will photocopy these documents and return them to you immediately.

If you do not have the documents to hand, send in what you have now and the rest within 1 calendar month.

Income from the Eileen Trust, The Fund, The MacFarlane Trusts, Independent Living Funds and the Skipton Fund do not need to be declared

	Yourself				Your Partner			
	When did it start?	Amount £ p	How often is it paid?	How is it paid?	When did it start?	Amount £ p	How often is it paid?	How is it paid?
Return to Work Credit								
Youth Training Scheme payment		:				:		
Maintenance payments you receive for yourself		:				:		
Maintenance payments you receive for a child/children		:				:		
Student Grant		:				:		
Student Loan		:				:		
Access Fund Payments		:				:		
Payments from boarders		:				:		
Rent		:				:		
Payments from charities		:				:		

continued overleaf

You must provide original documents. We do not accept photocopies.

Other Income (continued)

Home Income Plan (Annuity)						:		
Private Pension (Annuity)								
Any other income _____		:				:		
please give details _____		:				:		
		:				:		
Are you or your partner waiting to hear about any pension, benefit, allowance or other income listed in this section?	Yes <input type="checkbox"/> If yes , please give details below No <input type="checkbox"/>							
Name of benefit or other income								
Who is claiming this?								
Date it was applied for	/ /							
Is any of the above income for you or your partner subject to regular increase?	Yes <input type="checkbox"/> If yes , please give details below No <input type="checkbox"/>							
Income subject to regular increase								
Date next increase due	/ /							

Please use the tear off form (CONBEN) Confirmation of Benefit at the end of this form (if applicable) for proof of type of benefit you/partner are receiving.

Please tell us immediately if you stop receiving any benefits, allowances or other income.

You must also tell us immediately if you start to get any other benefits, allowances or other income.

5 Where do you work and what do you earn?

Do you or your partner have any work, paid or otherwise?
 Yourself
Your Partner
 Yes No
Yes No
 (This includes self-employment and voluntary work)

If **yes**, please fill in this section if you are employed by someone else. If you are self-employed go to section 5a.

If **no**, please go to section 6.

Proof: We need your last **5 payslips if you are paid weekly**, or **your last 2 payslips if you are paid monthly**. If you do not have the necessary payslips, or your payslips do not show us what we need to know, your employer will need to fill out a **certificate of earnings**. If necessary we will need to contact your employer to confirm the details supplied. If your wages vary please send your last 8 payslips if you are paid weekly and the last 3 payslips if you are paid monthly.

	Yourself	Your Partner
How many jobs do you have?		
Name and address of your main employer		

continued overleaf

You must provide original documents. We do not accept photocopies.

5 (continued)

	Yourself		Your Partner	
Place of work if different from above				
Date you started work	/	/	/	/
Your job title				
Your payroll number				
Number of hours you work each week				
If the employment is on a casual or fixed-term basis, what date will it end?	/	/	/	/
How are you paid? For example, cash, cheque, bank credit				
	Amount	How often	Amount	How often
	£	p	£	p
Pay before deductions	:		:	
Bonus, commission or tips not included in your pay	:		:	
Do you receive Luncheon Vouchers?	:		:	
What date do you expect your next pay increase?	/	/	/	/
If you are getting Statutory Sick Pay, what date did it start?	/	/	/	/
If you are getting Statutory Maternity/Paternity Pay, what date does it end?	/	/	/	/
If you are getting Statutory Adoption Pay what date did it start?				
Do you contribute to a personal pension plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , how much do you pay?	£	:	£	:
How often?				
Please provide proof that you are a member of the scheme and evidence of how much you pay.				
Do you or your partner do any other work, paid or otherwise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name and address of your employer				
Place of work if different from above				
Date you started work	/	/	/	/
Your job title				
Your payroll number				
Number of hours you work each week				
If the employment is on a casual or fixed-term basis, what date will it end?	/	/	/	/

continued overleaf

You must provide original documents. We do not accept photocopies.

5 (Continued)

How are you paid? eg cash, cheque, bank credit				
	Amount		How often	
	£	p		
Pay before deductions	:			
Bonus, commission or tips not included in your pay	:			
What date do you expect your next pay increase?	/	/	/	/

Please use the tear off form (CERINC) Certificate of Earned Income at the end of this form for proof of any earned income for you/partner.

5 a Self Employed

	Yourself		Your Partner	
Are you or your partner self-employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is self-employment your only employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a partner of the business? (If yes , we need to see your partnership agreement)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a Director of the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What type of work do you do?				
How many hours do you work per week ?				
Please give your business address				
Do you contribute to a personal pension plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , how much do you pay?	£	:	£	:
How often?				

Please provide proof that you are a member of the scheme and evidence of how much you pay.

Do you get a business allowance or government grant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have prepared accounts for the last financial year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If **yes**, please return them with this form. If **no**, you will need to complete a certificate of earned income. Please contact the Council if there is not one at the end of this form.

You must tell us if you start or stop work after you have sent in this form. You must also tell us if there is a change in the number of hours you work or the amount of money you earn.

You must provide original documents. We do not accept photocopies.

6 About your savings, investments and accounts

Please fill in all the sections below.

Proof: Please provide original bank statements showing the last 2 months' transactions, **pass-books or certificates** for all accounts, bonds or other investments which you or your partner have. We will photocopy these and return them to you immediately. If you do not have the documents to hand, send in what you have now and send the other information within 1 calendar month.

	Yourself		Your Partner	
Do you have Current accounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please give the name of the bank or building society or 'post office' or 'giro account'	1	£ :		£ :
	2	£ :		£ :
	3	£ :		£ :
	4	£ :		£ :
Do you have Deposit accounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please give the name of the bank or building society or 'post office' or 'giro account'	1	£ :		£ :
	2	£ :		£ :
	3	£ :		£ :
	4	£ :		£ :
Do you have TESSAs, PEPS, or ISAs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please give the name of the bank or building society or company	1	£ :		£ :
	2	£ :		£ :
	3	£ :		£ :
	4	£ :		£ :
Do you have National Savings Certificates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please give Issue number or type (say if they are index linked) or the name of the company	1			
	2			
	3			
	4			
Do you have National Savings Bonds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please give Issue number or type (say if they are index linked) or the name of the company	1	£ :		£ :
	2	£ :		£ :
	3	£ :		£ :
	4	£ :		£ :
Do you have Unit Trusts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please give name of company or Investment Fund and Issue number or type	How many		How many	
	1	<input type="text"/>		<input type="text"/>
	2	<input type="text"/>		<input type="text"/>
	3	<input type="text"/>		<input type="text"/>
	4	<input type="text"/>		<input type="text"/>

continued overleaf

You must provide original documents. We do not accept photocopies.

6 (continued)

	Yourself	Your Partner
Do you have Shares?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , please give name of company or Investment Fund and Issue number or type	How many	How many
	1 <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
	2 <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
	3 <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
	4 <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Premium Bonds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes , Total Value £ :	If yes , Total Value £ :
Trust Funds	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes , Total Value £ :	If yes , Total Value £ :
Savings in Cash	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes , Total Value £ :	If yes , Total Value £ :
Any other investments - please give details		
Property or land (do not count the place where you live)		
Do you own or jointly own any other property or land? If yes , please give details including address.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you sold a property within the last 12 months? (We may contact you for more information)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have savings, investments and accounts which total over £16,000 you will not be entitled to Council Tax Benefit or Housing Benefit.

You must provide original documents. We do not accept photocopies.

7 About sub-tenants, boarders and lodgers

(Anyone who lives with you and pays rent, but is not a close relative).*

Is there anyone else living with you who you have not mentioned on this form?

Yes No

If **no**, please go to section 8. If **yes**, please give their details below.

Proof: We need proof of the amount of rent you get each week. This may be the **rent book, or a letter from your boarder/lodger/sub-tenant** confirming the amount they pay and what is included in their rent.

	1st Person	2nd Person	3rd Person	4th Person
Surname				
First Names				
Relationship to you				
Date of Birth	/ /	/ /	/ /	/ /
Date they moved in	/ /	/ /	/ /	/ /
How much rent do they pay each week?	£ : p	£ : p	£ : p	£ : p
Does the rent include heating?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the rent include meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

*A close relative is a parent, step-parent, parent-in-law, brother, sister, son, son-in-law, daughter, daughter-in law, stepson, step-daughter or partner of any of the above.

8 Other Changes in Circumstances

Have there been any other changes in your circumstances, eg changes to your household or rent?

Yes No

If **yes**, go to section 9. If **no**, please sign the declaration below and then go to section 10.

I confirm that the only change in my circumstances is Income Support, Jobseekers Allowance (income based) or Guarantee Credit ending.

Signed :Dated:

9 Details of other Changes in Circumstances

The following changes in my circumstances have also occurred (please list below)

.....

.....

.....

.....

.....

.....

.....

.....

Please send original proof. We do not accept photocopies.

Signed :Dated:

Please also sign the Declaration on the opposite page.

10 Declaration

Please read this declaration carefully and sign below

YOUR DECLARATION

Please read this declaration carefully before you sign and date it.

Warning: If you provide false statements, information or documents to support your claim or you continue to receive benefit when you knowingly fail to tell us about any relevant changes of circumstances which happen after the date you make a claim, you will be guilty of an offence and may be prosecuted under the Theft Acts of 1968 and 1978 or the Social Security Administration Act of 1992.

I understand the following:

- If I give information that is incorrect or incomplete, you may take action against me.
- You will use the information I have provided to process my claim for Housing Benefit or Council Tax Benefit, or both. You may check some of the information with other sources within the Council, rent offices, and other councils.
- You may use any information I have provided in connection with this and any other claim for Social Security benefits that I have made or may make. You may give some information to other Government organisations, if the law allows this.

I know I must let the Council know about any changes in my circumstances, which might affect my claim.

I declare the information I have given on this form is correct and complete.

Signature of person claiming

Date

Forms filled in by someone other than the person claiming.

Please tell us why you are filling in this form for someone else.

Name of the person who filled in the form

Signature of the person who filled in the form

Relationship to the person claiming

You must provide original documents. We do not accept photocopies.

11 Important Information

Please note you will need to provide proof of the changes you have reported and your benefit may be suspended until we are able to assess your claim with your new details.

If you do not have all the proof we need, still send your claim form immediately.

Send in the documents you have to hand now, make a note of what else is required and let us have this proof within 1 calendar month.*

We cannot assess your entitlement without the necessary proof.

If you cannot give us the proof within 1 calendar month of sending this form, you must let us know straight away or you may lose benefit.

You may send your form or documents to us or you can visit us at the Council Offices, Argyle Road, Sevenoaks or have them checked by staff at the local offices at Edenbridge or Swanley.

If you send documents to us by post, we will not be responsible if they are lost in the postal system.

Please make sure everything you send us has your name and address on it.

*Please use the Confirmation of Benefit Form and/or Certificate of Earned Income Form - both are tear off forms at the end of this form.

12 What to do now

Ensure that you have fully completed the form in black ink, and provided as much proof as you can.

Remember we cannot assess your entitlement without the necessary proof.

Addresses and opening times:

Sevenoaks District Council, Benefits Section, PO BOX 102, Argyle Road, Sevenoaks, TN13 1GT
Open: Mon to Wed 8.45am to 5.00pm; Thurs 9.30am to 5.00pm; Fri 8.45am to 4.45pm

Local offices:

Edenbridge
Old Tourist Info Office
at the Leisure Centre

Hartley
Hartley Library, Ash Road

Swanley
Swanley Library & Information Centre
London Road

Open:
Thurs 1.30pm to 4.00pm
Thursday morning times,
please contact us

Open:
Weds 2.00pm to 4.00pm

Open:
Mon to Thurs 9.30am to 5.30pm
Fri 9.30am to 6.00pm and
Sat 9.00am to 4.00pm

For help and impartial advice you may also contact the Citizens Advice Bureau at:

Buckhurst Lane
Swanley
Tel: 01732 454443

16 High Street
Edenbridge
Tel: 01322 664949

68 High Street
Sevenoaks
Tel: 01732 865131

**Council Tax/Housing Benefit
 Confirmation of Benefit**

Part A:

Please use black ink.

To: Claimant _____ National Insurance Number _____
 (name and address) _____ Date of Birth _____

 _____ HB/CTB Ref: _____

If you are in receipt of any of the benefits listed below, **please sign the authorisation and send or hand deliver this form to the Department for Work and Pensions, Pension Service or Jobcentre Plus**, for confirmation of the benefits you receive.

Authorisation:

I authorise the Department for Work and Pensions, Pension service, or Jobcentre Plus to supply the information below to Sevenoaks District Council.

Signed: _____ Date: _____

Part B:

Please use black ink.

To: Department for Work and Pensions/Pension service/Jobcentre Plus

Please supply the information below in respect of the above person and return the completed to Sevenoaks District Council at the address above.

Type of Benefit	Date Started	Date Ended	Amount
Income Support			
Jobseekers Allowance (Income Based)			
Jobseekers Allowance (Contribution Based)			
Incapacity Benefit Short Term Lower Rate			
Incapacity Benefit Short Term Higher Rate			
Incapacity Benefit Long Term Rate			
Pension Credit - Guarantee			
Pension Credit - Savings			Amount = AIF =
Other			