

# Diffuse Mesothelioma Special Payment Application Form

Application from a relative of an adult who has passed away as a result of **diffuse mesothelioma** for an interest free loan payment under Article 8(2) and 8(5) of the Income Support (Jersey) Law 2007.

# Fill in this form if:

☐ you are a relative of someone who has passed away as a result of diffuse mesothelioma (DM)

☐ you are acting on behalf of a relative of someone who has passed away as a result of DM

Please read these notes and the Policy Guidelines before you fill in this form

**Policy Guidelines** 

Please refer to section 8.9 of the "Income Support Policy Guidelines" document for further details.

How Customer and Local Services (CLS) collects and uses information

We need to collect information about you in order to allow the Minister for Social Security to make a decision on your loan payment.

We may get information about you from others for any of our purposes if it is legal for us to do so. We may also share information with certain other people and organisations if it is legal for us to do so.

#### **Notes**

## What is a diffuse mesothelioma special payment?

People with diffuse mesothelioma (DM) caused by exposure to asbestos in Jersey can apply for a lump-sum interest free loan payment. If a person does not apply for a payment before their death, a relative may be able to apply for a lower value loan payment.

The relative must apply within 12 months of the date of death of the deceased person. In cases where the date of death was on or after 01 October 2018 but before 01 January 2019, claims must be made on or by 31 December 2019.

# Can I apply as a relative?

A relative must have lived in Jersey for the last 5 years and be one of the following (in order) in relation to the deceased person:

- the spouse or civil partner who lived with the deceased person
- If there is no spouse or civil partner, a child (or children) under
   18 years
- If there is no spouse or civil partner who lived with the deceased person or children, an ex-spouse or ex-civil partner who received a qualifying maintenance payment from the deceased person.
- If there is no spouse or civil partner, or children, and no ex-spouses or civil partners, a **partner** of the deceased person who was in a **marriage-like /civil-partnership-like relationship**
- If there are none of the above, a **family member** who was wholly or mainly financially supported by the deceased person.

# What is a qualifying maintenance payment?

A qualifying maintenance payment **only** means a regular Court ordered payment to your ex-spouse or ex-civil partner as defined under Article 90B of the Income Tax (Jersey) Law 1961.

## Who is included as a family member?

Family member includes brother, sister, parent, grandparent, child, grandchild (including step-child and adopted child).

## A relative can apply if the deceased person:

- was 18 years or older;
- lived in Jersey for the last 5 years before they died;
- passed away as a result of DM and died after 1<sup>st</sup> October 2018.
   You will be required to provide confirmation of their cause of death.
- was exposed to asbestos-containing materials (ACMs) in Jersey.
   Normally this will be through their work history and we will check this against their records held by CLS.

## You cannot apply if:

- you have not lived in Jersey for the last 5 years
- the death of your relative was not due to DM
- there was no exposure to asbestos-containing materials (ACMs) in Jersey; or
- another relative has already applied. Only one application will be considered from a relative.

## What about other compensation?

If a compensation claim has **been paid before you apply**. You can still apply but will only receive the difference in payment value (if any).

If a compensation claim is **in progress before you apply**. You can still apply, but you will be required to pay back the value of the payment you receive if your claim is successful.

Do not complete this form if you are a person with DM.

Please ask CLS for the correct form or speak to your hospital consultant

Part 1: About You – the relative of a person who had DM													
Title- tick box	□ Mr □ Mrs □ Miss □ Ms □ Mx												
Family Name or Surname													
All other names – in full													
Any other surnames – include all former names													
Date of Birth	D	D	M	M	Υ	Υ	Υ	Υ					
Social Security Number (if known)	JY												
Current Address							Pos	stcod	e J	E			
Contact Telephone Number:													
E-mail:													
Have you lived in Jersey for the last 5 years without a break?		lo	□ Y	es									

Part 2a: Your relationship with the deceased person	son												
There is a priority order for which relative can apply	What is your relationship to the deceased person:												
for a payment. What is your relationship to the deceased person:	☐ I am a widow or surviving civil partner ☐ I am a dependent child or children under 18 years												
A qualifying maintenance payment <b>only</b> means a regular													
Court ordered payment to your ex-spouse or ex-civil partner as defined under Article 90B of the Income Tax (Jersey) Law 1961.	☐ I am an <b>ex-spouse or ex-civil partner</b> who received a qualifying maintenance payment from the deceased person												
family member means brother, sister, parent, grandparent,	☐ I was in a <b>marriage-like relationship</b> with the deceased person												
child, grandchild (including step-child and adopted child).	☐ I am a <b>family member who</b> was wholly or mainly financially supported by the deceased person												
Part 2b: About the deceased person													
Salutation – tick box	□ Mr □ Mrs □ Miss □ Ms □ Mx												
Family Name or Surname													
All other names – in full													
Any other surnames – include all former names													
Date of Birth	D D M M Y Y Y												
Date of Death	D D M M Y Y Y												
You must apply within 12 months of their date of death;  OR In cases where the date of death is after 1st October 2018, but before 01 January 2019, on or before 31 December 2019.													
Had they lived in Jersey for the last 5 years up to the date of death without a break?	o □ No □ Yes												

Part 3: About the deceased person's cause of dear	th and exp	oosure	to As	besto	s-Con	taining	<b>Materi</b>	als					
Which Consultant in Jersey confirmed the cause of death as DM?	<ul><li>□ Dr Hamdi Amar; or</li><li>□ Dr Petra Schinle</li></ul>												
You will need to provide a copy of the letter or death certificate confirming their cause of death/diagnosis of DM with your application.	☐ Other, please explain:												
If you do not have a letter confirming the diagnosis or cause of death, you can ask CLS for help.													
How was the deceased person exposed to	□ No □ Yes. Provide details below:												
Asbestos-Containing Materials (ACMs) in Jersey?	From	M	M	Υ	Υ	То	M	M	Υ	Υ			
Provide details of when they were exposed and the activities they were doing.													
For example, if they were exposed at work give the name of the employer and dates of employment. Describe briefly how their job exposed them to ACMs.													
If they were not exposed at work, explain how they were exposed and give approximate dates.													

Part 4: Compensation or other payment	
Has anyone been paid any compensation or any other payment because of the deceased person's exposure to asbestos-containing materials? This includes payments made to you or the deceased person made in Jersey or in any other country.	□ No □ Yes. Provide details below (including total monetary compensation value):
<ul> <li>For example:</li> <li>damages awarded by a Court;</li> <li>an out of Court settlement;</li> <li>compensation from an employer;</li> <li>payment from an Armed Forces Compensation Scheme;</li> <li>payment from the UK government's Worker's Compensation (1979) Scheme or 2008 Scheme;</li> <li>payment from the UK's Diffuse Mesothelioma Payment Scheme (DMPS).</li> </ul>	
If anyone has previously been <b>awarded</b> compensation for exposure to asbestos-containing materials, you can still apply. <b>However</b> , the amount that has already been received will be taken into account when calculating the loan payment.	If you need more space, please use a separate piece of paper and attach it to your application form.
Has anyone started a civil compensation claim or any other claim in respect of your relative's exposure to asbestos-containing materials in Jersey or in any other country? You can still apply. However, if a payment is made, you will be required to repay some or all of your loan.	□ No □ Yes. Provide details below: □ If you need more space, please use a separate piece of paper and attach it to
	your application form.

Part 4: Compensation or other payment (Continue	d)									
Do you have a legal representative acting on	☐ No☐ Yes. Provide the details of their legal representative below:									
your behalf in bringing court action or a claim for compensation?	Legal Representative's Name:									
	Legal Representative's Company Name and Address:									
	Postcode J E									
	Contact Number:									
	Case Reference(s)									

Part 5: How we pay you and the account you want to use											
If you are awarded a loan payment, we will pay it into an account held in Jersey.											
This payment is made as a loan and you will need to repay some or all of it if you receive a separate payment due to your relative's exposure to asbestos-containing materials (ACMs)											
You must tell CLS if you receive any payment due to your relative's exposure to ACMs											
The Minister may require you to repay the loan if you do not tell CLS promptly about a payment you receive.											
Use same account details as Jersey OAP payments?	☐ Yes. I receive a Jersey old age pension and wish to receive the loan payment into the same account.										
	$\hfill\square$ No - please pay the loan payment to the account details below										
If No, provide bank details:											
Name of the account holder(s). Write the name of the account holder(s) exactly as it is shown on your bank statement or chequebook.											
Name of the bank											
Account Details											
Sort Code. This has 6 numbers: 12-34-56		-			-						
Account Number. Most are 8-10 numbers long.											

Part 6: Choosing someone to act on your behalf											
You can appoint an agent to act on your behalf.	Do you want to appoint an agent?										
The agent can be a friend or relative or someone else who is helping you with your application.	$\square$ No $\square$ Yes. Provide the details of your agent below:										
	Agent's Name:										
<ul> <li>An agent can:</li> <li>receive information about your application; OR</li> <li>receive information and make decisions about your application.</li> </ul>	Agent's Address:										
	Postcode J E										
	Agent's Contact Number:										

Pa	rt 7a: Declaration of Dependent							
Tic	k each statement of the declaration below to confirm that you understand:							
	I declare that the information I have given on this form is correct and complete as far as I know and believe.							
	I understand that if I knowingly give information that is incorrect or incomplete, I may have to repay any loan that I receive.							
	I understand that if I receive a loan payment and I then receive a payment from another source for exposure to asbestos-containing materials I will need to repay some or all of the loan.							
	I understand that I must promptly tell CLS if I get compensation from another source for exposure to asbestos-containing materials and if I fail to promptly tell CLS I may be required to repay the loan.							
	I understand that CLS may verify the information I have provided them against information they hold about me.							
	I understand that CLS may contact the Health Department or Hospital Consultant to verify details of my relative's diagnosis.							
	I confirm that there are no other relatives that I am aware of who should receive this payment instead of me.							
	wish to make a claim for an interest free loan payment and agree to sign the "Loan Payment Agreement" – Part 8 of this form.							
Pa	rt 7b: Declaration of Dependent to appoint an Agent							
Tic	k one:							
	I do not want to appoint an agent at this time.							
	I want to appoint the Agent named in Part 6 to act on my behalf to receive information about my claim.							
	I want to appoint the Agent named in Part 6 to act on my behalf regarding all matters relating to my claim.							
Pr	nt Name:							
Sig	nature:							
D	D M M Y Y Y							

## Part 8 – LOAN PAYMENT AGREEMENT

#### DIFFUSE MESOTHELIOMA SPECIAL PAYMENT - LOAN PAYMENT AGREEMENT

**THIS AGREEMENT** is made the day of 20[*insert year*]

**BETWEEN:** 

**The Minister for Social Security** ("the Minister")

and;

[<insert name of Eligible Applicant>], ('The Applicant').

together the 'Parties'

#### **WHEREAS**

The Minster has agreed to enable a one-off special interest free loan payment to be made:

to an individual who, as a result of exposure to asbestos fibres in Jersey, has contracted Diffuse Mesothelioma; or

following the death of an individual who as a result of exposure to asbestos fibres in Jersey, has contracted Diffuse Mesothelioma: to a close relative of the individual.

The Minister makes this payment under the vires of Article 8 (2) and (5) of the Law.

The Applicant has applied for a payment.

The Parties wish to record the payment, on a binding basis, on the terms set out below.

#### IT IS HEREBY AGREED AS FOLLOWS:

## Interpretation

A word importing one gender shall (where appropriate) include any other gender and a word importing the singular shall (where appropriate) include the plural and vice versa.

The headings in this Agreement are for convenience only and do not affect its interpretation.

"A Claim" means any action, claim, right, demand and set-offs, whether in this jurisdiction or any other, whether or not presently known to the parties or to law, and whether in law or equity.

## Agreement

On signature of this Loan Payment Agreement by the Parties this agreement shall (subject only to the provisions of this Loan Payment Agreement) become a binding agreement between the Parties. The terms of this Loan Payment Agreement shall be enforceable as a contract by any party.

The Applicant confirms that (s)he understands fully the terms and effect of this Loan Payment Agreement and is not aware of any matter that would adversely impact on the enforceability of any of its terms.

Subject to the terms and conditions, the Minister shall grant the Applicant a payment as detailed in section 8.9 of the published Policy Guidance ("the Loan Payment").

The Applicant commits to notify the Minister promptly in the event that the Applicant receives compensation from a separate claim for exposure to asbestos-containing materials.

The Applicant commits to repay the Minister the value of any additional compensation received up to the full value of the Loan Payment in the event that the Applicant receives compensation from a separate claim for exposure to asbestos-containing materials following receipt of the Loan Payment

## **Payment**

The Minister shall make the Loan Payment.

The Parties have agreed that the Loan payment will be made to the bank account referenced in Part 5 of this application.

A table of payment values is included in the Income Support Policy Guidelines document. This document is public and can be found here – <u>Policy Guidelines</u>

## Warranty

Each Party confirms in respect of itself that it does not have any knowledge of any other claims arising in connection with the Application as at the date of this Agreement.

# Liability

Nothing in this Agreement shall be represented or construed as an admission of liability on the part of the Government of Jersey.

## **Variations**

No amendment or variation of this Agreement will be valid unless agreed in writing by an authorised signatory of each Party.

## Governing law and jurisdiction

This Agreement shall be governed by and construed in accordance with Jersey law. Any dispute arising out of or in connection with, or concerning the carrying into effect of, this Agreement shall be subject to the exclusive jurisdiction of the Royal Court of Jersey, and the Parties hereby submit to the exclusive jurisdiction of that court for these purposes.

Signed:	
For and on behalf of the Minister	
Payment Sum: £	
Signed:	
Applicant	

**SIGNATORIES**