



Isle of Man
Government

Reiltys Ellan Vannin

The Treasury

Yn Tashtey

Social Security Division

Markwell House
Market Street, Douglas
Isle of Man
IM1 2RZ

Direct Dial No: (01624) 685656
Website: www.gov.im/socialsecurity
Email: socialsecurity@gov.im

Social Security Benefits

Use this form to tell us about changes in your circumstances

How to use this form

Use this form to tell us about any change in your circumstances or, where you have been appointed to act on behalf of another person, the circumstances of the person for whom you receive benefit.

If you receive Income Support, Income-based Jobseeker's Allowance or Employed Person's Allowance you must also tell us about any change in the circumstances of other people who live with you (for example other members of your family, friends or lodgers).

Please make sure you tell us about **all** changes that might affect your benefit. You can find a list of changes you must tell us about on letters we have sent you. If you are in any doubt, tell us about the change anyway or contact us for advice by telephoning 685656 and asking to speak to the section that deals with your benefit.

Please complete the reverse side of this form neatly and in ink. Use capital letters where you can.

In Part 1 overleaf, please tell us about yourself or, if you have been appointed to act on behalf of another person, tell us about that person. In Part 2 tell us about all the benefits you receive or have recently claimed by ticking the boxes that apply. In Part 3 give us as much information as you can about the change or changes and the date on which they happened (or will happen). In Part 4 sign and date the declaration.

When you have completed this form, take or send it to the address above. Or, you can take it to the office at Ramsey. It is important you notify the Department straight away of any change in your circumstances. If you wait, you could lose money, or you may receive money to which you are not entitled and which you may have to repay.

How the Treasury collects and uses information

When we collect information about you we may use it for any of our purposes, including dealing with benefits and allowances, employment and training and occupational and personal pension schemes.

We may get information about you from others for any of our purposes if the law allows us to do so.

We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, contact any of our offices or visit our website at www.gov.im/treasuryprivacynotice

Part 1

About you

Please complete in block capitals

Your surname

Your other names

Your address

Your National Insurance (NI) number

Letters	Numbers			Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your date of birth

Part 2

About the benefits you receive or have claimed

Please tick **all** the boxes that apply to you

- | | | |
|---|--|---|
| <input type="checkbox"/> Attendance Allowance | <input type="checkbox"/> Carer's Allowance | <input type="checkbox"/> Child Benefit |
| <input type="checkbox"/> Disability Living Allowance | <input type="checkbox"/> Employed Person's Allowance | <input type="checkbox"/> Incapacity Benefit |
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Jobseeker's Allowance | <input type="checkbox"/> Maternity Allowance |
| <input type="checkbox"/> Nursing Care Contribution | <input type="checkbox"/> State Pension | <input type="checkbox"/> Severe Disablement Allowance |
| <input type="checkbox"/> Widow's Benefit | <input type="checkbox"/> Widowed Mother's Allowance | <input type="checkbox"/> Widowed Parent's Allowance |
| <input type="checkbox"/> Other – Please state the name of the benefit you get _____ | | |

Part 3

About the change or changes

On what date did the change take place, or will it take place?

What has changed? (please be sure to provide full details about **all** changes)

Please continue on a separate sheet of paper if necessary. Please note, we may need to contact you for further information)

Part 4

Your declaration

- I declare that the information I have given above is correct and complete.
- I understand that if I give information that is incorrect or incomplete, action may be taken against me.

Your signature

Date