Social Security

Acting on behalf of an incapacitated person

What this means

Being appointed to act on behalf of another person means that you take on all the responsibilities of that person with regard to benefit/pension matters. This will be because the person

- is too frail physically to deal with their own affairs, or
- no longer understands the responsibilities themselves.

This means that you will need to tell the Social Security Division of the Treasury of any changes which may affect the person's benefit/pension entitlement.

This also means that if an overpayment occurs you may be required to repay the amount yourself, depending on how the overpayment arose.

Once you are appointed we will pay the benefit/pension due to the incapacitated person to you.

Who can be appointed

As long as no-one has been appointed by the Courts, for example a registered Power of Attorney or a Receiver, to act on the person's behalf, a family member or a close friend can apply to be appointed.

If there is no-one close who can be appointed, someone with knowledge of the person's affairs can apply.

If there is an Enduring power of Attorney in force which has not been registered with the Courts, this means that the incapacitated person has given written permission for an attorney to deal with certain affairs on their behalf but the person still understands their responsibilities. In this case, if the incapacitated person is also prevented by illness from dealing with their benefit/pension affairs it will be necessary to have the medical certificate at Part 5 completed by a doctor.

Please note

If you wish to collect benefit/pension for someone else because they are unable to collect it themselves but they can still manage their own affairs this form does not apply.

You should ask for a form BP19 – Application to appoint a deputy to collect benefits/pension, which you and the person complete together.



The responsibilities

The appointee undertakes to tell the Treasury of any change of circumstances which may affect the amount of benefit/pension paid.

Examples of these changes are -

- The person is admitted to hospital or leaves hospital
- The person recovers sufficiently to manage his/her own affairs
- The person has a receiver appointed by a legal authority
- The person leaves the Island
- The person dies
- Where the person receives, or has applied for, Income Support, any change relating to their income or capital.

For more details of the changes you need to tell the Treasury about please contact the appropriate Social Security section(s) or call into either of the Social Security offices.

The appointee also undertakes to use any benefit/pension they receive in the interests of the incapacitated person and use it to their best advantage.

The appointee also undertakes to claim benefits/pension on behalf of the incapacitated person if the need arises.

How to apply

Complete the attached application form remembering to have Part 5 completed by a doctor.

Once you have completed the application form you should retain this page for information, and send the completed form to us as soon as possible.

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

Application for appointment to act on behalf of an incapacitated person

How to complete this form

This form should be completed in CAPITAL LETTERS and INK. Complete Parts 1-4 then hand it to the person's doctor to complete Part 5. Return it to the Social Security Division, Markwell House, Market Street, Douglas IM1 2RZ, together with any uncashed orders/cheques.

Part 1	Details of the incapacitated person					
Title (please tick one box)	Mr Mrs Miss Ms Other Please specify					
Surname						
Other names						
Address						
	Postcode					
Date of birth						
National Insurance (NI) number	Letters Numbers Letter					
Is the person in hospital at present	Yes No					
Part 2 Details of the person applying for appointment						
Title (please tick one box)	Mr Mrs Miss Ms Other Please specify					
Surname						
Other names						
Address						
	Postcode					
Date of birth	Telephone number					
Email address						
National Insurance (NI) number	Letters Numbers Letter					
Relationship to the person named in Part 1						
Why is this application being made?						



raits	Social Security beliefits/ pelision						
Please specify the benefits/pension this application relates to -							
Part 4 De	claration by person applying for appointr	nent					
I apply for appointment by the Social Security Division of the Treasury, to exercise on behalf of the person referred to in Part 1 any rights and to receive any Social Security benefits/pension to which he/she may be entitled. *[I declare that to the best of my knowledge and belief, no person has or persons have been appointed by the Courts to administer his/her affairs.] If appointed I undertake to use any money I receive under the appointment for his/her benefit/pension. I will also undertake to give the Department all the information about the circumstances of that person and if there are any changes in those circumstances to notify the Department immediately.							
I understand that failure to notify changes in circumstances can amount to a criminal offence which could result in prosecution.							
Signature of applicant		Date					
* Delete if an appointee has been registered with the Courts.							
Part 5 Medical Certificate – to be completed by a doctor							
I certify that the person referred to in Part 1 is incapable of acting on his/her own behalf owing to							
and is likely to be so incapable for	months/indefinitely (please delete as appropriate)				priate)		
Signature of Medical Practitioner		Date					
Medical Practitioner's address		<u> </u> 	Off	icial Sta	mp		
riculcul Fractioner's address							
	Postcode	_					
	Tostcode						
For office use only							
BP17 authorised							
Authorising Officer's signature		Date					