

Date of receipt

Social Security

Claim for Guardian's Allowance

Notes

Send or take the completed form to a Social Security office with the following certificates if you have them –

- The full birth certificate for each child showing the names of the child's parents (we can't accept short birth certificates or photocopies).
- The death certificate(s) of the deceased parent(s) or alternative evidence which shows the exact date of death.

If you do not have all the certificates please send the form to us anyway, you can always send the certificates later.

Part 1

About you

Please tell us about yourself

1 Your title
(please tick only one box)

Mr Mrs Miss Ms Other

2 Your surname or family name

3 Your first name(s)

4 Your full address

5 Your previous name(s) (if any)
(include your maiden name)

6 Your date of birth

7 Your National Insurance (NI) number

Letters Numbers Letter

8 If we may contact you by telephone during office hours, please provide your numbers.

Home **Work** **Mobile**

If we may contact you by email, please provide your email address.



Isle of Man
Government
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The Treasury

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Form BG1 Sept 2020

- 9 Have you lived in the Isle of Man throughout the 27 weeks immediately before making this claim (this is the date we receive your claim)? Yes No
- 10 If you answered NO to question 9 and you have a partner (see Part 2 for a definition of "partner"), has your partner lived in the Isle of Man throughout the 27 weeks immediately before your making this claim? Yes No
- 11 Please answer both questions (a) and (b) -
- (a) Are you subject to immigration control? See page 1 of the CH2 notes. Yes No
- (b) Have you been granted your current immigration status in the last 3 months? Yes No

If Yes, on what date was your immigration status granted?

dd / mm / yyyy

12 Please tell us:

(a) Your nationality (we may need to see your passport)

(b) Your previous country of residence (if any)

(c) How long you lived in that country (if applicable)

(d) Your date of arrival in the Isle of Man (if applicable)

dd / mm / yyyy

13 Are you a member of HM Armed Forces or a civil servant working abroad? Yes No

14 Have you ever claimed Guardian's Allowance in the Isle of Man? Tick Yes if you are currently getting Guardian's Allowance. Yes No

15 What is your Marital or Civil Partnership status? (please tick one box)

Married or in a civil partnership Living with a partner as if you are married or in a civil partnership Single Widowed

Divorced Separated (if you have separated within the last 12 months please provide us with the date you separated)

Part 2

About your partner

We treat 2 people as partners of each other for Guardian's Allowance if –

- a) they are married to each other or are civil partners of each other and are members of the same household; or
- b) they are not married to, or civil partners of, each other but are living together as if they are.

16 Your partner's title (please tick only one box) Mr Mrs Miss Ms Other Please specify

17 Your partner's surname or family name

18 Your partner's first names

19 Your partner's date of birth dd / mm / yyyy

20 Your partner's National Insurance (NI) number Letters Numbers Letter

Please ensure you give us your partner's correct NI number to avoid delay in paying your benefit.

21 Your partner's nationality

22 Is your partner a member of HM Armed Forces or a civil servant working abroad? Yes No

26 Has the person named above been your partner throughout the past 12 months? Yes No

27 If No on what date did you start living together? We may need to get in touch with you for further information. dd / mm / yyyy

- 28 Please list below the full name, sex and date of birth of each child for whom this claim is for.
 If this claim is for more than one child list them in order of age, elder or eldest first.
 If any child in this claim was born outside the Isle of Man or the UK, we will need to see their passport, or if they don't have a passport, their travel documents used to enter the Isle of Man or the UK.

	Particulars required	First Child	Second Child
(a)	Child's surname		
	Other names		
(b)	Date of Birth		
(c)	Full address of the place of birth (This question need not be answered in the case of a child who was legally adopted by the deceased parents)		
(d)	Has the child ever been legally adopted?	<input type="checkbox"/> Yes, date <input type="checkbox"/> No	<input type="checkbox"/> Yes, date <input type="checkbox"/> No
(e)	Particulars of the child's parents (if the child has been legally adopted, the adoptive parents)		
	Father		
	Surname		
	Other names		
	Date of birth		
	Country of birth		
	Date of death		
(f)	Mother		
	Surname		
	Other names		
	Date of birth		
	Country of birth		
	Date of death		

	Particulars required	First Child	Second Child
	National Insurance number		
	Date of parents' marriage		
	Were the parents divorced?		
(g)	What is your relationship to the child? If not related write "none".		
(h)	Is the child living with you? If yes from what date?	<input type="checkbox"/> Yes, date <input type="checkbox"/> No	<input type="checkbox"/> Yes, date <input type="checkbox"/> No
(i)	Is the child wholly maintained by you? If yes from what date	<input type="checkbox"/> Yes, date <input type="checkbox"/> No	<input type="checkbox"/> Yes, date <input type="checkbox"/> No
(j)	Since the dates given by you in answer to questions (h) & (i) have you, or to your knowledge, has anyone else claimed or received in respect of the child, any benefit, pension or allowance payable out of public funds, for example - Child Benefit	<input type="checkbox"/> Yes, date <input type="checkbox"/> No	<input type="checkbox"/> Yes, date <input type="checkbox"/> No
	Income Support	<input type="checkbox"/> Yes, date <input type="checkbox"/> No	<input type="checkbox"/> Yes, date <input type="checkbox"/> No
	Any increase of contributory industrial injuries or non-contributory social security benefit or allowance	<input type="checkbox"/> Yes, date <input type="checkbox"/> No	<input type="checkbox"/> Yes, date <input type="checkbox"/> No
	Any dependant's war pension	<input type="checkbox"/> Yes, date <input type="checkbox"/> No	<input type="checkbox"/> Yes, date <input type="checkbox"/> No
	Any training allowance or grant	<input type="checkbox"/> Yes, date <input type="checkbox"/> No	<input type="checkbox"/> Yes, date <input type="checkbox"/> No
(k)	Has the child been living with you continuously since the date you stated in Question 28(h) above? If "No" please confirm the address the child previously lived at and the name of the person who cared for the child.	<input type="checkbox"/> Yes, date <input type="checkbox"/> No	<input type="checkbox"/> Yes, date <input type="checkbox"/> No

	Particulars required	First Child	Second Child
(I)	Additional information where child's parents were divorced:-		
	What was the date of the decree nisi? (approximate date if exact date not known)		
	What was the date of the decree absolute? (approximate date if exact date not known)		
	What was the matter number of any other reference number allocated by the Court?		
	Which parent was awarded custody of the child(ren)?		
	Was the other parent made liable by the Court for maintenance of the child(ren)?		
	Was the other parent maintaining the child(ren) voluntarily at the date of death?		
	If yes to the above question, what were the average weekly payments?		

If you are already getting paid Guardian's Allowance for another child please do not complete this section. You will be paid for this child(ren) by the same method. Please go to Part 9.

You can be paid either by -

- direct payments into your bank, building society or National Savings and Investments (NS&I), investment account every 4 weeks; or
- you can collect your benefit weekly by MiCard at a Post Office of your choice.

If you want your Guardian's Allowance to be paid into a bank, building society or NS&I account every 4 weeks, please read on and answer questions 37 to 38. If you would like to collect your Guardian's Allowance at the Post Office go to question 39.

Please tell us the name of the person whose account you want the Guardian's Allowance to be paid into.

Note: Payment cannot be made into any account bearing a child's name. Nor can we pay Guardian's Allowance into a Mortgage Account or Business Account.

29 The account is -

- In my name
- In my partner's name
- In my name and my partner's name
- In the name of someone acting on my behalf (We mean someone who has Power of Attorney or is appointed by us for social security benefit purposes)
- In my name and the name of someone acting on my behalf

What name or names is the account in?

Please note, if the account includes the name of someone acting on your behalf, you are confirming that they will use the money in the way you tell them to.

Note: If you are already receiving a benefit by credit transfer we will have to use the same account for both benefits.

30 Name and address of bank or building society

Postcode	

Sort Code number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Type of account
(e.g., deposit, current etc.)

31 If you want to collect your Guardian's Allowance weekly by MiCard, please tell us the name of the Post Office you want to collect it from and tick one of the boxes below -

Name of Post Office

- I already have a MiCard I need to enrol for a MiCard

If you are not signing this form on behalf of somebody else, go to Part 10

Even though you can complete this form for somebody else, they must still sign it themselves unless -

- they cannot manage their own affairs
- they cannot sign for themselves

You can only sign this form if one or more of the following boxes apply. Tick all the boxes that apply to you.

I have a power of attorney for them which has been registered with the Courts

Please send a copy of the deed which shows the date of the Court decision and the seal of the Court.

I am a receiver for them under a court order

Please send a copy of the court order which appointed you as receiver with this form

The Social Security Division of the Treasury has already appointed me to get their benefits and deal with their Social Security matters

I wish to be appointed by the Social Security Division of the Treasury to receive their benefits and deal with their Social Security matters because they cannot manage their own affairs or cannot sign for themselves

We will get in touch with you about this.

Please tell us about yourself here -

Your full name

Your National Insurance (NI) number

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

Your date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your address

<input type="text"/>
Postcode

Daytime telephone number

Email address (optional)

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 <https://www.gov.im/about-the-government/departments/treasury/privacy-notice/>

On occasion, Social Security may wish to contact you to find out more about the service you have received in order to make improvements. To do so, we will use the data we hold about you to make contact.

Participation is voluntary and you can refuse to be involved at any time.

I understand and agree that Social Security may use the information they hold about me to contact me for feedback on their services.

I understand and agree that any feedback I provide will be anonymised and will in no way affect my claim to benefit.

Please tick this box to confirm you understand and agree

I/WE DECLARE that the information I/we have given on this form is true and complete.

I/WE UNDERSTAND that my/our personal details, including details of my/our income(s), will be shared between the Social Security and Income Tax Divisions of the Treasury for the sole purpose of assessing my/our entitlement to Guardian's Allowance and, if necessary, relevant details relating to one partner may be disclosed by the Social Security Division of the Treasury to the other partner.

I/WE UNDERSTAND that if I/we give false or incomplete information I/we may be committing an offence for which I/we may be prosecuted.

I/WE CLAIM GUARDIAN'S ALLOWANCE (in the case of couples, both partners must sign below)

Your signature

Please print your full name

Your partner's signature

Please print your partner's full name

Date

Remember – Guardian's Allowance can only be backdated for up to 3 months from the date we receive your claim.

If you delay sending us your claim you will lose money.

Please check that you have answered all questions that apply to you. If you don't, we may need to get in touch with you. This can delay payment.

Contact details

Address: Child Benefit Team
Social Security Division
Markwell House
Market Street, Douglas
Isle of Man
IM1 2RZ

Direct Dial No: (01624) 685107
Fax: (01624) 685120
Email: childbenefit@gov.im
Website: www.gov.im

All telephone calls to and from Social Security are recorded for quality purposes, to prevent crime or misuse, to ensure that our staff act in compliance with our procedures and standards and to assist in the provision of training, monitoring and service improvement.

For office use only - use only when the form has been completed by a member of staff

New claim	<input type="checkbox"/>	Awarded from	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yyyy"/>	M/f noted	<input type="checkbox"/>
Additional child claim	<input type="checkbox"/>	Added from	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yyyy"/>	Authorised	<input type="text"/>
Treated as withdrawn	<input type="checkbox"/>	Disallowed	<input type="checkbox"/>	Reason	<input type="text"/>



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