

CHB number	
New	Additional
ACT	MiCard

Date of receipt

Social Security

Claim for Child Benefit

Please read the CH2 notes before completing this form in ink

Important: Please answer all the questions that apply to you and send all the documents we ask for.

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

Postcode

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

6 Your date of birth

dd / mm / yyyy

7 Your National Insurance (NI) number

Letters	Numbers			Letter
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

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

Home	Work	Mobile
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

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

9 Have you lived continuously in the Isle of Man for the last 27 weeks immediately before the date of your 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 continuously in the Isle of Man for the last 27 weeks?

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



Isle of Man
Government
Reiltey Ellen Vannin

The Treasury

Yn Tashtey

Form CH2 April 2021

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)

13 Are you a member of HM Armed Forces or a civil servant working abroad?

Yes No

14 Have you ever claimed Child Benefit in the Isle of Man before?

Tick **Yes** if you are currently getting Child Benefit.

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 child benefit 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 aren't 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

17 Your partner's surname or family name

18 Your partner's first names

19 Your partner's date of birth

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

23 Is your partner receiving Child Benefit now or are they waiting to hear if they can get Child Benefit?

Yes No

If you answered "No" please go to Question 26.

24 Your partner's Child Benefit number (if you know it).

CHB

Their Child Benefit number is on any letters we have sent them about Child Benefit. If you don't know their Child Benefit number, don't delay sending this form back to us.

25 The full name and date of birth of the eldest child your partner is receiving Child Benefit for.

Surname

Other names

Sex (M or F)

Date of birth

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.

28 YOU DO NOT NEED TO TELL US ABOUT CHILDREN YOU ALREADY GET CHILD BENEFIT FOR

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.

Surname or Family name As shown on the birth or adoption certificate	Other names As shown on the birth or adoption certificate	Sex (M or F)	Date of birth	School or College attended (if applicable)
			dd / mm / yyyy	
			dd / mm / yyyy	
			dd / mm / yyyy	
			dd / mm / yyyy	
			dd / mm / yyyy	
			dd / mm / yyyy	

If you want to include more than 6 children in this claim please give particulars of the other children on a separate sheet of paper. Please sign and date it and attach it to this form.

29 Please state how many birth certificates you are enclosing (if none, write "NONE" – you will need to send them to us later – if we don't receive the birth certificate this will cause a delay in processing your claim). A birth certificate is required (full certificate if possible) for each child you are claiming Child Benefit for – named in question 28. Please see "How do I claim" on page 3 of the notes.

30 Is each child living with you now?

Yes No

If No, please tell us the name of each child who isn't living with you and the address where the child is living.

Name	Address

31 Has each child lived with you for the last 12 months or from birth if less than 12 months old?

Yes No

If No, please tell us the name of each child who has lived elsewhere, the address they lived at and the date the child started to live with you (if applicable).

Name	Address	Date
		dd / mm / yyyy
		dd / mm / yyyy

32 Is each child your own child?

(a legally adopted child counts as your own).

Yes No

33 If the answer to question 32 is No please give the following information about any child who isn't your own. But if such a child is being legally adopted by you write "adoption pending" against that child's name.

Child's name	Mother's full name	Father's full name

For office use only

Birth certificates returned By hand

By post

dd mm yyyy Date

Initials

Part 4

About other people who live with you

34 Does anyone else live with you who you haven't already told us about on this form?

You don't need to tell us about other children you already get Child Benefit for, but please tell us about other relatives, friends or anyone else who lives with you that you haven't already told us about on this form.

Yes Tell us about these people below No Go to Part 5

Their full name	Their age	Their relationship to you	Their occupation or Social Security benefit they receive (if any)

Part 5

About other claims for Child Benefit

35 Have you or anyone else claimed Child Benefit for any of the children named in question 28 either in the Isle of Man, the United Kingdom or abroad?

Yes No

If Yes, please give the full name of the person who made the claim

Their date of birth

And the address the claim was made from

Postcode

Part 6

About other benefits

36 Please tick the appropriate box or boxes if you or your partner have recently claimed or are receiving any of the following Social Security benefits:

- Income Support
- Employed Person's Allowance
- Income-based Jobseeker's Allowance
- Another benefit (please specify)

Income Tax Division will normally be able to give us the information we need to determine what your income is for the purposes of your claim for Child Benefit. If this isn't possible we will get in touch with you.

If you are a new mother, you are entitled to claim Child Benefit under our exceptional circumstances, from the date of birth for your new child/children.

Please tell us the gross amount of total income for tax purposes you expect to have in the 2021-22 tax year by completing the table below and sending the information we ask for. If you receive your income weekly or monthly, multiply the amounts received by the number of weeks/months in the year that you expect to receive income for.

Please note that we may ask the Income Tax Division of the Treasury and the people who are paying income to you for more information to help us decide what income each of you are likely to have in 2021-22.

Income you think you will have from 6 April 2021 to 5 April 2022

	Your annual income	Your partner's (if you have one) annual income
Gross wages or salary	£	£
Net profit from self-employment	£	£
Bank or building society interest	£	£
Rental income	£	£
Income from shares or stocks (dividends or interest)	£	£
Any other income which you have to pay IOM tax on	£	£
Totals	£	£

To help us confirm what income you are likely to have in the 2021-22 tax year please send us any of the information mentioned below (if either of you has it) with this form. We won't be able to process your claim until we have the information we need.

Gross wages or salary

Your pay slips for the last 3 months or all of your pay slips if you've been employed by a new employer for less than 3 months.

Net profit from self-employment

Your most recent profit and loss account or any other evidence of your income and expenditure if you're self-employed.

Bank or building society interest

Your last 3 bank or building society statements showing the interest each of you received.

Rental income

Your last 3 months rental income and expenditure statements or a copy of the last 3 months' bank statements showing the net income you receive from renting your property.

Income from shares or stocks (dividends or interest)

The last statements sent to you recording any dividends from shares or interest from stocks paid to you for the last 12 months.

Any other income which you have to pay IOM tax on (but not child benefit)

Any other information or evidence showing what other income you have which you have to pay IOM tax on.

If you provide any of the above information, but you don't think it will help us confirm what income you are likely to have in the 2021-22 tax year, then please tell us why when you send it in. We will return anything you send us if you ask us to do so.

If you're already getting paid Child Benefit for another child please don't complete this section. You'll 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 Child Benefit 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 Child Benefit at the Post Office go to question 39.

Please tell us the name of the person whose account you want the Child Benefit to be paid into.

Note: Payment can't be made into any account bearing a child's name. Nor can we pay Child Benefit into a Mortgage Account or Business Account.

37 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're confirming that they'll use the money in the way you tell them to.

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

38 Name and address of bank or building society

 Postcode

Sort Code number

Account number

Type of account

(e.g., deposit, current etc.)

39 If you want to collect your Child Benefit 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're 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 can't manage their own affairs
- they can't 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'm 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 can't manage their own affairs or can't 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"/>	<input type="text"/>	<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 www.gov.im/treasuryprivacynotice

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'll 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 Child Benefit 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 CHILD BENEFIT (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 – Child Benefit can only be backdated for up to 12 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/socialsecurity

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

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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