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 been 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.
Social Security

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

Surname

Other names

Address

Postcode

Date of birth

National Insurance (NI) number

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

Surname

Other names

Address

Postcode

Date of birth  Telephone number

Email address

National Insurance (NI) number

Relationship to the person named in Part 1

Why is this application being made?
Part 3  Social Security benefits/pension

Please specify the benefits/pension this application relates to -

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Part 4  Declaration by person applying for appointment

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

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and is likely to be so incapable for  **months/indefinitely (please delete as appropriate)**

Signature of Medical Practitioner  Date

Medical Practitioner's address

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Postcode

**For office use only**

BP17 authorised

Authorising Officer’s signature  Date