

# Financial Assistance Scheme

The Financial Assistance Scheme is administered by the Pension Protection Fund



**FAS Operations Team**  
Financial Assistance Scheme  
PO Box 234, Mowden Hall, Darlington DL1 9GL

**Telephone:**  
**0845 604 4585**

**Textphone:**  
**0845 604 4139**

[www.pensionprotectionfund.org.uk](http://www.pensionprotectionfund.org.uk)

**FAS 20**

## Review application form

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### Application to review a decision of the Board of the Pension Protection Fund as manager of the Financial Assistance Scheme

Before you fill in this form, please ensure you have read the notes that can be found at the back of this form, and read the **Complaints, reviews and appeals** guidance. This can be found online by visiting the website at [www.pensionprotectionfund.org.uk](http://www.pensionprotectionfund.org.uk) or by contacting us for a copy of the booklet. It is important you read this information as there are a number of formal requirements which must be met before we will carry out a review and issue a review decision (see **Notes** on page 6 of this form).

**Please note that this form is only to be used for reviews of reviewable determinations (see Notes on page 6 of this form).**

If you make any mistakes or fail to complete this form properly, this may lead to delays in processing your application or you may lose the right to have the decision reviewed.

CONTINUED →

## Review application form continued

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Please complete all sections of the form, unless otherwise indicated, in **CAPITAL LETTERS**, using **BLACK INK**.

### Part 1 – Applicant's details

Title  Mr / Mrs / Miss / Ms / Dr *(delete as applicable)*  Other

Surname  Forenames *(in full)*

Address

Postcode

Telephone number  Email

National Insurance number

*(if member)*

What is the name of your pension scheme?

### Part 2 – Member/trustee details (if this form is completed by a representative)

Title  Mr / Mrs / Miss / Ms / Dr *(delete as applicable)*  Other

Surname  Forenames *(in full)*

Address

Postcode

Telephone number  Email

National Insurance number

*(if member)*

What is the name of your pension scheme?

CONTINUED →

### Part 3 – Details of the reviewable determination

Please tick as appropriate.

Type of determination	Applicant's status
<input type="checkbox"/> Scheme notification	<input type="checkbox"/> Trustee (where scheme has not completed winding-up) <input type="checkbox"/> Manager (where scheme has not completed winding-up) <input type="checkbox"/> Member <input type="checkbox"/> Potential member
<input type="checkbox"/> Scheme eligibility	<input type="checkbox"/> Trustee (where scheme has not completed winding-up) <input type="checkbox"/> Manager (where scheme has not completed winding-up) <input type="checkbox"/> Member <input type="checkbox"/> Potential member
<input type="checkbox"/> Member eligibility	<input type="checkbox"/> Member <input type="checkbox"/> Potential member
<input type="checkbox"/> Survivor eligibility	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Potential beneficiary
<input type="checkbox"/> Member assessment	<input type="checkbox"/> Member <input type="checkbox"/> Potential member
<input type="checkbox"/> Early retiree assessment	<input type="checkbox"/> Member <input type="checkbox"/> Potential member
<input type="checkbox"/> Ill-health payment assessment	<input type="checkbox"/> Member <input type="checkbox"/> Potential member
<input type="checkbox"/> Ill-health eligibility	<input type="checkbox"/> Member <input type="checkbox"/> Potential member
<input type="checkbox"/> Severe ill-health eligibility	<input type="checkbox"/> Member <input type="checkbox"/> Potential member

CONTINUED →

## Review application form continued

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**Part 3 – Details of the reviewable determination continued***Please tick as appropriate.*

Type of determination	Applicant's status
<input type="checkbox"/> Terminal illness eligibility	<input type="checkbox"/> Member
	<input type="checkbox"/> Potential member
<input type="checkbox"/> Lump sum assessment	<input type="checkbox"/> Member
	<input type="checkbox"/> Potential member
<input type="checkbox"/> Indexation assessment	<input type="checkbox"/> Member
	<input type="checkbox"/> Potential member
<input type="checkbox"/> Scheme beneficiary assessment	<input type="checkbox"/> Beneficiary
	<input type="checkbox"/> Potential beneficiary

See the **Notes** for further details of the decisions that are reviewable.

If you are a representative, please ensure that either **Part A** or **Part B** (as appropriate) of the following declaration is completed:

**Part A**

I enclose a copy of the written authority from the  
  
 authorising me to represent them for the purpose of this application.

**Part B**

I appoint the person named in Part 1 of this form to act as my representative in this application and I have the authorisation of the  
  
 of the scheme to make this appointment.

Signature of member/potential member/trustee/manager

Signature  Date

CONTINUED →

**Part 4 – Date of reviewable determination**

Please complete the following:

Date of reviewable determination

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Have you raised an informal query regarding the reviewable determination in question?

*Please tick the answer which applies.*

<input type="checkbox"/> <b>N</b> <b>No</b>	<input type="checkbox"/> <b>Y</b> <b>Yes</b>	<i>Date you raised that query</i>	<i>Date of response to query</i>										
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If you are completing this application form outside the applicable time limits, please set out below details of why the application was not made in time (continuing on a separate sheet if necessary).

**Part 5 – Grounds of review**

Please set out the grounds on which you are requesting a review (continuing on a separate sheet if necessary).

CONTINUED →

## Review application form continued

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**Part 6 – Supplementary pages**

Please indicate whether you have enclosed supplementary pages or attachments with this application form.

**N** No       **Y** Yes

**Part 7 – Signature**

Applicant's signature \_\_\_\_\_ Date

Once you have completed this form, please send it to:

**Financial Assistance Scheme, PO Box 234, Mowden Hall, Darlington DL1 9GL**

**Notes**

1 Some FAS decisions are reviewable determinations. Broadly speaking, the following decisions are reviewable determinations:

- whether or not the scheme has supplied notification details correctly – eg, the name of the scheme (“scheme notification”);
- whether or not the pension scheme qualifies for the FAS (“scheme eligibility”);
- whether or not the member is a qualifying member of that pension scheme (“member eligibility”);
- whether the member might be able to obtain a lump sum payment from FAS and, if so, how much (“lump sum assessment”);
- the proper amount of an annual increase to an annual payment or ill-health payment (“indexation assessment”);
- the amount the member is entitled to in:
  - annual payments
  - ill-health payments
  - severe ill-health payments
  - terminal illness payments (“member assessment”);
- whether or not the member meets the terminal illness, severe ill-health or ill health tests (“member eligibility”);
- whether or not a person is a survivor or surviving dependant of a qualifying member (“survivor eligibility”);
- whether or not a beneficiary is entitled to FAS assistance, because they were receiving a scheme benefit before they could be entitled to a FAS annual payment or ill-health payment, and the amount of such assistance (“early retiree assessment”);
- whether or not a beneficiary is eligible to be paid by FAS because they were eligible for benefit from the member’s scheme, although they are not a member, survivor or dependant (“scheme beneficiary assessment”).

**Initial payments (ie payments made before a scheme has completed winding-up) are not reviewable determinations.**