

About this form

Form BF225

Fill in this form if you want to claim Retirement Pension for an adult or any children.

You may be able to get extra Retirement Pension for your husband or wife.

You may be able to get extra Retirement Pension for any children.

If you have any children, you may be able to get extra Retirement Pension for someone who looks after children for you. We will need some information about the children before we can pay extra money for someone who looks after children for you.

Do not delay claiming. Any increase in Retirement Pension cannot be paid from a date more than 3 months before the date your claim is received.

Part 1 About you

If you do not tell us all your personal details, we may have to get in touch with you for more information. This will delay your claim.

Surname or family name

All other names in full

Title

Mr Mrs Miss Ms

National Insurance (NI) number

You can find this on your National Insurance (NI) number card, letters from Social Security or payslips.

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

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Daytime phone number

Code	Number
<input type="text"/>	<input type="text"/>

**Retirement
Pension
increase**

**Claiming
extra
pension
for
another
adult or
children**



benefits
ba
agency

An Executive Agency of
the Department of Social Security

Part 2 About your husband or wife or a person who looks after children for you

Do you want to claim extra Retirement Pension No ☐ Please go to **Part 3**.

for

1 your husband, or

1 your wife, or

1 a person who looks after children for you?

From which date do you want to claim for them?

Their surname

Other names

Title

Date of birth

National Insurance (NI) number

Is the person in hospital at the moment?

Name and address of the hospital

Date they went into hospital

Is your husband or your wife, or the person who looks after children for you, living with you now?

No ☐ Please go to **Part 3.**

Yes ☐

Letters	Numbers	Letter
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No ☐

Yes ☐ Please tell us about this.

Postcode

No ☐

Yes ☐

Part 2 About your husband or wife or a person who looks after children for you – continued

Does the person normally live at a different address to you?

No ☐

Yes ☐ Please tell us about this.

Their address

Postcode

Do you send any money to this person?

No ☐

Yes ☐ How much do you send each week?

£

When did you start making these payments?

/	/
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If you are claiming for your husband or wife

We need to see

- 1 your marriage certificate, and
- 1 the birth certificate of your husband or wife.

Please send the certificates to us with this form, if you have them. We will send them back to you as soon as we can. If you do not have the certificates, we will write to tell you what to do. But do not delay sending back this form.

If you want, you can bring the certificates to our office. We will give the certificates straight back to you after we have seen them.

Remember, we need to see the real certificates, not photocopies.

Are you sending your marriage certificate with this form?

No ☐

Yes ☐

Are you sending the birth certificate of your husband or wife with this form?

No ☐

Yes ☐

If you have ticked **No** to either of these questions, please say why you cannot let us see the certificate or certificates.

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For official use only

Date of marriage

/	/
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Spouse's date of birth

/	/
---	---

Nature of evidence

--

Verified by

--

Checked by

--

Certificate(s) returned by

--

on

/	/
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Part 3 If your husband or wife or the person who looks after children for you works for an employer

Is your husband or your wife, or the person who looks after children for you, working for an employer?

No ☐ Please go to **Part 4**.

Yes ☐ Please tell us about each employer.

If you need to tell us about more than 2 employers, use the space in **Part 10**.

Employer 1

Employer 2

Employer's name and address

Postcode

Postcode

Payroll, staff or other reference number

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What are their weekly earnings before income tax is taken off?

Include

- ☐ earnings or fees as a director
- ☐ maternity pay
- ☐ holiday pay
- ☐ bonus payments
- ☐ regular tips
- ☐ sick pay.

£	a week
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£	a week
---	--------

What are their weekly National Insurance (NI) contributions?

£	a week
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£	a week
---	--------

Please tell us about any items or services the employer provides, for example, meal vouchers.

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Please give details of the weekly amount of any expenses connected with their earnings.

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Do their earnings vary from week to week?

No ☐

Yes ☐ Please send their last 5 payslips with this form, if you have them.

No ☐

Yes ☐ Please send their last 5 payslips with this form, if you have them.

If your husband or wife or the person who looks after children for you

Part 3 works for an employer – continued

Is your husband or wife, or the person who looks after children for you, off work because of sickness, maternity leave or a trade dispute?

No ☐ Please go to Part 4.

Yes ☐ Please tell us about this.

What date did they last work?

/	/
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Are they getting any payments from their employer while they are off work?

Include

- ☐ maternity pay
- ☐ Statutory Sick Pay (SSP)
- ☐ Statutory Maternity Pay (SMP).

No ☐

Yes ☐ How much are they getting each week?

£		a week
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Part 4 If your husband or wife or the person who looks after children for you is self-employed

Is your husband or wife, or the person who looks after children for you, self-employed?

Tick **Yes** if they own a business or have a share in a business. This includes your business, if you have one.

No ☐ Please go to Part 5.

Yes ☐ Please tell us about this.

What is the name and address of the business?

Postcode

How much profit has the business made in the last complete business year?

By *profit*, we mean

1 gross receipts that have been **received**
minus

1 expenses wholly and exclusively derived from the business
and **paid** during the period.

£

Does your husband or wife, or the person who looks after children for you, help in your business if you are self employed?

No ☐

Yes ☐ Please tell us about this.

Do you pay your husband or wife, or the person who looks after children for you, a wage?

No ☐

Yes ☐ What are their weekly earnings?

£ a week

Is a charge made for their services against the profits from your business for income tax purposes?

No ☐

Yes ☐ What is the weekly charge?

£ a week

Part 5 About other money coming in

Does your husband or wife, or the person who looks after children for you, have any other money coming in?

Do not tell us about Child Benefit. We will ask you about Child Benefit later in this form.

No ☐ Please go to **Part 6**.

Yes ☐ What is this money?

How much do they get each week?
Please tell us the average weekly amount
if the money is not the same each week.

Who pays the money?

What is their address?

Postcode

Does your husband or wife, or the person who looks after children for you, have any boarders or lodgers?

No ☐

Yes ☐ How much does each boarder or lodger pay each week?

Boarder 1 a week

Boarder 2 a week

Boarder 3 a week

If you need to tell us about more than 3 boarders,
use the space in **Part 10**.

Part 6 About occupational and personal pensions

Does your husband or wife, or the person who looks after children for you, get an occupational pension or a personal pension?

No ☐ Please go to Part 7.
Yes ☐ Please tell us about each pension.

Pension 1

Type of pension

Pension from an employer ☐
Pension from a self-employed pension scheme ☐
Personal pension ☐

Pension 2

Pension from an employer ☐
Pension from a self-employed pension scheme ☐
Personal pension ☐

Name and address of the pension payer

Postcode

Postcode

Phone number of the pension payer

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What is the pension reference number?

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How much pension do they get before income tax is taken off?

£

£

How often is the pension paid?

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If you need to tell us about more than 2 pensions, use the space in Part 10.

Claiming extra money for someone who does not live with you

Part 7 and you employ to look after children for you

Do you want to claim extra Retirement Pension for someone who does not live with you and you employ to look after children for you?

No ☐ Please go to Part 8.
Yes ☐

How much do you pay the person who looks after children for you each week?

£ a week

Please give details of any expenses you have in connection with the care of your children.

Part 8 About children

If you do **not** want to claim extra Retirement Pension for any children, please go to **Part 9**.

Everyone else must fill in this part.

We need to know more about the children before we can pay extra money for them, or for the person who looks after children for you.

Are you, or anyone who lives with you, getting Child Benefit?

No ☐
Yes ☐ Please tell us about this.

Amount each week £ a week

Reference number

Amount each week £ a week

Reference number

You will find the reference number on the front cover of your order book. If you have more than one book, please tell us both the reference numbers. If your Child Benefit is paid straight into a bank or building society account, the reference number will be on the letters we have sent you about Child Benefit.

Part 8 About children – continued

Please tell us about any changes there are likely to be in the next 2 months that might make a difference to the amount of Child Benefit that is paid.

For example, if a child is leaving school.

The changes you must tell us about are listed in

- 1 the coloured pages of a Child Benefit order book
- 1 the notes we sent you if your Child Benefit is paid straight into a bank or building society account.

Are you, or your husband or wife, getting a family benefit for a child from another country?

No ☐

Yes ☐

Do you want to claim extra Retirement Pension for any children?

No ☐

Yes ☐

Do you have a husband or wife, or another person living with you as your husband or wife, who is not the person you are claiming for on page 2 of this form.

No ☐

Yes ☐

Please tell us about the children on pages 11 and 12.

If you need to tell us about more than 4 children, use the space in Part 10.

Part 8 About children – continued

	Child 1	Child 2
Child's surname	<input type="text"/>	<input type="text"/>
Child's other names	<input type="text"/>	<input type="text"/>
Child's date of birth	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Are you this child's parent?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does this child have a parent who lives with you that is not your husband or wife?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us the parent's full name	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us the parent's full name
	<input type="text" value="Mr Mrs Miss Ms"/>	<input type="text" value="Mr Mrs Miss Ms"/>
Please tell us who is getting Child Benefit for this child	You <input type="checkbox"/>	You <input type="checkbox"/>
	Your husband or wife who lives with you <input type="checkbox"/>	Your husband or wife who lives with you <input type="checkbox"/>
	Your husband or wife who does not live with you <input type="checkbox"/>	Your husband or wife who does not live with you <input type="checkbox"/>
	Your ex-husband or ex-wife <input type="checkbox"/>	Your ex-husband or ex-wife <input type="checkbox"/>
	Someone who looks after children for you <input type="checkbox"/>	Someone who looks after children for you <input type="checkbox"/>
	Not known <input type="checkbox"/>	Not known <input type="checkbox"/>
Does this child live at a different address to you?	No <input type="checkbox"/> Please go to Part 9 .	No <input type="checkbox"/> Please go to Part 9 .
	Yes <input type="checkbox"/> Please tick where they are	Yes <input type="checkbox"/> Please tick where they are
	In hospital <input type="checkbox"/>	In hospital <input type="checkbox"/>
	In care <input type="checkbox"/>	In care <input type="checkbox"/>
	Living with another person <input type="checkbox"/>	Living with another person <input type="checkbox"/>
Please tell us the name and address of the place where they are living	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode

Part 8 About children – continued

	Child 3	Child 4
Child's surname	<input type="text"/>	<input type="text"/>
Child's other names	<input type="text"/>	<input type="text"/>
Child's date of birth	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Are you this child's parent?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does this child have a parent who lives with you that is not your husband or wife?	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us the parent's full name <input type="text" value="Mr Mrs Miss Ms"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Please tell us the parent's full name <input type="text" value="Mr Mrs Miss Ms"/>
Please tell us who is getting Child Benefit for this child	You <input type="checkbox"/>	You <input type="checkbox"/>
	Your husband or wife who lives with you <input type="checkbox"/>	Your husband or wife who lives with you <input type="checkbox"/>
	Your husband or wife who does not live with you <input type="checkbox"/>	Your husband or wife who does not live with you <input type="checkbox"/>
	Your ex-husband or ex-wife <input type="checkbox"/>	Your ex-husband or ex-wife <input type="checkbox"/>
	Someone who looks after children for you <input type="checkbox"/>	Someone who looks after children for you <input type="checkbox"/>
	Not known <input type="checkbox"/>	Not known <input type="checkbox"/>
Does this child live at a different address to you?	No <input type="checkbox"/> Please go to Part 9 .	No <input type="checkbox"/> Please go to Part 9 .
	Yes <input type="checkbox"/> Please tick where they are	Yes <input type="checkbox"/> Please tick where they are
	In hospital <input type="checkbox"/>	In hospital <input type="checkbox"/>
	In care <input type="checkbox"/>	In care <input type="checkbox"/>
	Living with another person <input type="checkbox"/>	Living with another person <input type="checkbox"/>
Please tell us the name and address of the place where they are living	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode

Part 9 About benefits and state pensions

Any money paid by the Department of Social Security or any other government department to

1 your husband or wife, or

1 a person who looks after children for you, or

1 any children you have

may affect the amount of extra Retirement Pension that you can get.

Money paid to another person for you, or anyone you are claiming for, may also affect the amount of extra Retirement Pension you can get.

Please tell us about this money below. Include benefits, state pensions or allowances from the Department of Social Security or any other government department. Do not include any Child Benefit you have already told us about on this form.

If you need to tell us about more than 2 benefits, use the space in **Part 10**.

	Benefit 1	Benefit 2
Name of benefit	<input type="text"/>	<input type="text"/>
Who is the benefit paid to?	<input type="text"/>	<input type="text"/>
Benefit reference number This is on the front of the order book or letters about the benefit.	<input type="text"/>	<input type="text"/>
How much is paid each week?	<input type="text" value="£"/> <input type="text" value="a week"/>	<input type="text" value="£"/> <input type="text" value="a week"/>
Which office deals with the benefit?	<input type="text"/>	<input type="text"/>

Have you claimed any other benefits for which you have not yet had a decision?

Do not include your Retirement Pension.

No ☐

Yes ☐

Which other benefits have you claimed and are waiting to hear about?

Part 10 **More information**

Please use this space to tell us anything else you think we should know.

Part 11 Declaration

I understand

that if I give information that is incorrect or incomplete, action may be taken against me.

I declare

that the information I have given on this form is correct and complete.

This is my claim for extra Retirement Pension.

Signature

Date

/ /

Part 12 What to do now

- 1 Check that you have answered all the questions on this form that apply to you.
- 2 Check that you have all the papers that we asked you for.
- 3 Check that you have signed this form.

- 4 Send this form and any papers to us. Use the envelope we have sent you. It does not need a stamp, unless you live abroad.

*If the envelope does not have an address on it send everything to your social security office. You can find the address on the advert in the business numbers section of the phone book. Look under **Benefits Agency**. Or ask at your local post office.*

If you live abroad remember to put a stamp on the envelope.

Part 13 What happens next

We will write to tell you

- 1 if you can get extra Retirement Pension
- 1 how much extra Retirement Pension you can get.

How we collect and use information.

The Department of Social Security (DSS) collects information for social security, child support, vaccine damage and war pensions purposes.

The information we collect about you will depend on the nature of your business with us but may be used for any of the Department's purposes. We may check information provided by you, or information about you provided by a third party, with other information held by us.

We may also get information about you from certain third parties, or give information to them, to check the accuracy of information; to prevent or detect crime; or to protect public funds in other ways, as permitted by law. These third parties include other government departments and local authorities.

We will not disclose information about you to anyone outside the DSS unless the law permits us to.

DSS is the Data Controller for the purpose of the Data Protection Act.

If you want to know more about what information we have about you, or the way we use your information, you can ask at any DSS office.