SOCIAL SECURITY (CLOSED LONG-TERM BENEFITS)(QUESTIONS AND APPEALS) REGULATIONS 1996

Subsidiary 1996/098

Regulations made under ss. 18, 26, 27 and 31 of the Social Security (Closed Long-Term Benefits and Scheme) Act 1996.

SOCIAL SECURITY (CLOSED LONG-TERM BENEFITS)(QUESTIONS AND APPEALS) REGULATIONS 1996

(LN. 1996/098)

1.10.1996

Amending enactments	Relevant current provisions	Commencement date
Act. 1997-13	r. 6(5)	1.10.1996
LN. 1999/155	r. 11 and Sch.	18.11.1999

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Subsidiary 1996/098

SOCIAL SECURITY (CLOSED LONG-TERM BENEFITS)(QUESTIONS AND APPEALS) REGULATIONS 1996

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SOCIAL SECURITY (CLOSED LONG-TERM BENEFITS)(QUESTIONS AND APPEALS) REGULATIONS 1996

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Title and commencement..

1. These regulations may be cited as the Social Security (Closed Long-Term Benefits) (Questions and Appeals) Regulations 1996 and shall come into effect on 1st October 1996.

PART I.–DETERMINATION OF QUESTIONS AND CLAIMS.

Determination of questions or claim.

2. (1) Any person desiring to obtain the determination of the Director on any question or claim under the Act shall make application to the Director in writing in a form approved by him, and shall furnish such particulars as the Director may require for the purpose of the consideration and determination of any such question or claim.

(2) The Director shall take steps to bring any such application and particulars to the notice of any person appearing to him to be interested therein and to obtain from such person such information as he considers necessary for the proper determination of the question or claim.

Inquiry.

3. (1) The Director may, if he thinks fit, before determining any question or claim hold an inquiry into the question or claim, or into any matters arising in connection therewith.

(2) Reasonable notice of the date and place of the holding of such inquiry shall be given to the applicant and any persons notified of the application in accordance with regulation 2(2).

(3) The applicant and any person appearing to the Director to be interested in the application shall be entitled to attend and be heard at the inquiry.

(4) Subject to the provisions of this regulation, the Director may regulate the procedure at the inquiry.

Procedure where medical opinion is sought.

4. If on consideration of any question or claim, the Director is of opinion that such question or claim cannot be determined without medical evidence, he may obtain a medical opinion on such question or claim from any one or more registered medical practitioners to be appointed by the Governor for such purpose.

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SOCIAL SECURITY (CLOSED LONG-TERM BENEFITS)(QUESTIONS AND APPEALS) REGULATIONS 1996

PART II.–APPEALS TO BOARD.

Appeals to the Board.

5. (1) The Director shall notify his decision to the applicant on any question or claim in writing together with his reasons for his decision and shall inform him of his right of appeal to the Board.

(2) Where notice of appeal has been given to the Board, the Director shall be so notified, and he shall, within eight days next after such notification deliver to the secretary to the Board-

(a) a statement in writing showing the grounds for his decision ;

(b) a statement in writing setting out the findings of fact on which such decision was based ;

(c) if any medical opinion was obtained under regulation 4, a copy thereof.

Hearing of cases by the Board.

6. (1) Not less than three days notice of the time and place of the hearing of any appeal shall be given to the appellant and to any other person who may appear to the chairman of the Board to be an interested person and, except with the consent of the appellant and such person, if any, the Board shall not proceed with the hearing of any appeal unless such notice has been given.

(2) If an appellant or other person to whom notice has been duly given in accordance with this regulation should fail to appear at such hearing, and has not given a reasonable explanation for his absence, the Board may dismiss or allow the appeal as the case may be, or proceed to determine the appeal notwithstanding the absence of the appellant or other person, or may give such directions with a view to the determination of the appeal as they may think proper.

(3) During the consideration by the Board of any appeal, the appellant and any interested person shall be entitled to be present and to be heard and may with the consent of the Board be represented by any other person.

(4) For the purpose of arriving at their decision or discussing any question of procedure at any hearing, the Board may, notwithstanding anything in this regulation, order all persons not being members of the Board to withdraw from the hearing.

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(5) The provisions of regulation 4 shall be applied, mutatis mutandis, to any appeal where the Board are of opinion that the claim or question before them cannot be determined without medical evidence.

Decisions of the Board.

7. (1) The Board shall in each case record their decision in writing, and shall include in the record–

(a) a statement of the grounds of their decision ;

(b) a statement of their findings on questions of fact material to the decision;

(c) if the decision was not unanimous, a statement signed by the member or members who dissented and of the reasons given by him or them for so dissenting ; and

(d) if any question in the appeal was referred for a medical opinion under regulation 4, a statement to that effect and a copy of such medical opinion.

(2) As soon as may be practicable after an appeal has been decided by the Board, a copy of the decision shall be sent to the appellant and to any other person who appears to the Board to be an interested person.

Review.

8. The provisions of the foregoing regulations shall apply with the necessary modifications to any case in which an application is made for the review of a decision of the Director or the Board in accordance with the provisions of section 30 of the Act.

PART III.–SET-OFF AND RECOVERY OF OVERPAYMENTS.

Set-off of one benefit against another.

9. Where by a decision given on appeal or review a person who has been awarded benefit is awarded some other benefit in lieu (whether of the same or a different description) then in so far as the amount of any benefit originally awarded is not required to be repaid under the provisions of regulation 10, it may be treated as a payment on account of any benefit awarded on appeal or review.

Recovery of over-payments.

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10. (1) If it is found at any time that a person has been in receipt of any benefit under the Act without being lawfully entitled thereto, he shall be liable to repay the amount of that benefit to the Director.

(2) Repayment shall not be required under paragraph (1) above in any case where the beneficiary is shown to the satisfaction of the Director to have acted in good faith in all respects as to the obtaining and receipt of the benefit.

PART IV.–PAYMENT OF FEES.

Fees payable to Board, medical practitioners and Advisory Committee.

11.The fees payable out of the Fund to the Chairman and members of the Board in respect of each sitting of the Board and to medical practitioners appointed under regulation 4 shall be as set out in the Schedule:

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SOCIAL SECURITY (CLOSED LONG-TERM BENEFITS)(QUESTIONS AND APPEALS) REGULATIONS 1996 SCHEDULE.

Subsidiary 1996/098

Regulation 11 .

SCALES OF FEES.

	£
To the chairman of the Board.	£50.00
To any member of the Board who has to the satisfaction of the chairman actually lost wages as a result of attendance.	The amount of such loss not exceeding £30.00
To each medical practitioner on reference to him for examination and/or medical opinion on a question or claim	£50.00

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