

Pensions

Hesketh House
200-220 Broadway
Fleetwood
Lancashire
FY7 8LG

www.nhsbsa.nhs.uk/pensions

Tel: 0845 421 4000

SD /

EA Ref

EA Code

Consideration of entitlement to ill-health retirement benefits

Important: Please complete this form in BLACK INK

PART A To be completed by the **Employing Authority**

PART B To be completed by the **Member**

PART C To be completed by the **Occupational Health Doctor** - where this is not possible, the report can be completed by your **GP / Specialist**

Guidance for members

The NHS Pension Scheme provides two levels of ill-health retirement benefits, which are dependent on the severity of your condition and the likelihood of you being able to work again.

To qualify for ill-health retirement benefits you must:

- retire from pensionable employment because of illness or injury, **and**
- be permanently incapable of efficiently carrying out the duties of your employment because of illness or injury - **Tier 1 pension**, or
- be permanently incapable of engaging in regular employment of like duration because of the illness or injury - **Tier 2 pension**

Tier 1 pension

If you are assessed as being unable to carry out the duties of your own job you will be entitled to the early payment of the retirement benefits you have earned to date without any actuarial reduction.

Tier 2 pension

If you are assessed as being unable to do regular employment of like duration you will be entitled to the retirement benefits you have earned to date enhanced by 2/3rds of your prospective membership up to reaching the Scheme's *Normal Benefit Age*.

For the purpose of ill-health retirement benefits the following expressions mean:

- **Retires from pensionable employment:** your employment must be terminated on grounds of ill-health.
- **Permanently incapable:** you will not be able through your medical condition, subject to appropriate medical treatment to return to your NHS work before the Scheme's *Normal Benefit Age*.
- **Efficiently discharging the duties:** producing the result required efficiently
- **"That employment" for Tier 1 pension:** the post or posts to which your contract of employment relates

- **"Regular employment" for Tier 2 pension:** in addition to being permanently incapable of your own NHS job, you must be permanently incapable of regular employment in the general field of employment of like duration to your NHS job, that is either whole time or part time.
- **Appropriate medical treatment:** such medical treatment as it would be normal to receive in respect of the condition(s) giving rise to your application for ill-health retirement benefits.
- **Scheme's Normal Benefit Age:** age 60 years in the 1995 regulations as amended or age 65 in the 2008 regulations

This will require the submission of a report on your health which will be provided by your employer's Occupational Health Doctor at Part C of this form. NHS Pensions Medical Advisers may also take account of information obtained from your own General Practitioner or Consultant medical specialist.

When completed, this application form must be sent by the Occupational Health Doctor to NHS Pensions using the confidential envelope provided.

If you qualify for ill-health retirement benefits you must complete form AW8 to request payment of these benefits.

If you retire from 6 April 2011 you could be subject to a tax charge if there is a large increase in your benefits in the tax year. For more information visit <http://www.nhsbsa.nhs.uk/Pensions/3126.aspx> and www.hmrc.gov.uk/pensionsschemes. You may wish to consider taking tax advice if you think you may be affected.

**Part
A**

To be completed by the Employing Authority. Please provide details of the member.

Title (Mr, Mrs, Miss, Ms, Dr)	<input type="text"/>	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname (please use CAPITAL letters)	<input type="text"/>		
Other names	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Verified	<input type="checkbox"/>
National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Job title	<input type="text"/>		

Please tick one box from the Employer type and one box from the Staff Groups

Employer type:

Acute Trust	<input type="checkbox"/>	Foundation Trust	<input type="checkbox"/>	Ambulance Trust	<input type="checkbox"/>
Care Trust	<input type="checkbox"/>	Primary Care Trust	<input type="checkbox"/>	Mental Health Trust	<input type="checkbox"/>
Strategic Health Authority	<input type="checkbox"/>	GP Practice	<input type="checkbox"/>	Direction Bodies	<input type="checkbox"/>

Guidance for Employers - NHS Staff Groups and codes

Allied Health Professionals / Healthcare Scientists / Scientific and Technical (AfC Grade)							
1. Occupational therapy	<input type="checkbox"/>	2. Physiotherapy	<input type="checkbox"/>	3. Radiography	<input type="checkbox"/>	4. Pharmacy	<input type="checkbox"/>
5. Clinical psychology	<input type="checkbox"/>	6. Psychotherapy	<input type="checkbox"/>	7. Arts therapy	<input type="checkbox"/>		
8. Other qualified health professionals	<input type="checkbox"/>	(chiroprody, podiatry, dietetics, speech & language therapy, complementary therapy)					
9. Other qualified scientific and technical or healthcare scientist	<input type="checkbox"/>	(haematology; clinical biochemistry; microbiology)					
10. Support to allied health professionals	<input type="checkbox"/>	(support worker; therapy helper; therapy assistant or student)					
11. Support to scientific and technical healthcare scientists	<input type="checkbox"/>	(technicians; assistants or students)					

Medical	
1. Consultant	<input type="checkbox"/>
2. In training	<input type="checkbox"/> (eg. Foundation Y1 & Y2, SIRs (inc FTSTAs & LATs), SHOs, SpRs / SpTs / GPRs)
3. Practitioners	<input type="checkbox"/> (a. Principal; b. Salaried; c. Locum; d.Retainer; e. FCS; f. Registrar)
4. Other	<input type="checkbox"/> (eg. Staff & Associate Specialists / Non-consultant Career Grade; Staff Grade; Clinical Assistant)

Dental	
1. Consultant	<input type="checkbox"/>
2. In training	<input type="checkbox"/> (eg. Foundation Y1 & Y2; SIRs (inc FTSTAs & LATs); SHOs, SpRs / SpTs / GPRs)
3. Practitioners	<input type="checkbox"/>
4. Other	<input type="checkbox"/> (eg. Regional dental officer; dental officer; clinical director)

Public Health (AfC Grade)

1. Public health / health improvement

Commissioning (AfC Grade)

1. Commissioning managers / support staff

Registered Nurses and Midwives (AfC Grade)

1. Adult / general 2. Mental health 3. Learning disabilities 4. Children
5. Midwives (eg. Consultant; Specialist Practitioner; Sister / Charge Nurse)
6. Health visitors 7. District / community 8. Other registered nurses

Nursing or Healthcare Assistants (AfC Grade)

1. Nursing auxiliary 2. Nursing assistant
3. Healthcare assistant (including Health , Clinical, Nursing Support Worker, Assistant Practitioner)

Social Care (AfC Grade)

1. Approved social workers / social workers / residential social workers
2. Social care managers 3. Social care support staff

Ambulance (Operational) (AfC Grade)

1. Emergency Care Practitioner 2. Community Paramedic 3. Paramedic
4. Ambulance Technician 5. Ambulance Control Staff 6. Ambulance Managers
7. Patient Transport Services
8. Emergency Support Staff (eg. ambulance drivers, emergency vehicle drivers, emergency support staff)

NHS Infrastructure (AfC Grade)

1. Admin and clerical (inc. Medical Secretary; Ward Clerk; Administrative Assistant; Librarian; Interpreter)
2. Central functions / corporate services (eg. HR; Finance; Information Systems; Information Technology)
3. Ancillary (eg. Housekeeping; Cook / Catering; port; domestic staff; home warden; laundry worker; sewing room assistant)
4. Maintenance (eg. gardener / grounds person; technician; electrician / fitter; estates / facilities assistant; labourer; plumber; carpenter; bricklayer; painter / decorator; work analyst; chargehand; supervisor; engineer / building officer)
5. Ambulance maintenance staff

General Management (AfC Grade)

1. General management 2. Other occupational group

Employing Authority

Employed at (provide name and address of location of work)

Is the member working part-time? No Yes If change to part-time employment was in the last 12 months please give date of change / /

If part time give details, whichever are appropriate Hours worked Number of half days
Sessions per week Nights per week

If there is a variation of hours, sessions and shifts over a cycle longer than a week, please detail what the cycle is

Important:

Is there at least 2 years qualifying or pensionable NHS employment? No Yes

Has the contract of employment been terminated? No Yes

If 'Yes' what is the date of termination? / /

If not, what is the likely date of termination? / /

Please confirm ill-health has or will be the ONLY reason for termination of employment. Yes No

If "No" please state other reason

Is or has temporary injury allowance been paid? No Yes

Please provide full details of the member's sickness absence over the last five years.
If there has been no sickness absence, please write 'NONE'.

Dates		Nature of illness where known	Tick one box			
From	To		Full pay	Half pay	No pay	SSP

If necessary, continue on a separate sheet of paper and staple to this page.

In relation to the period(s) of sickness absence, please provide details of the meetings between line management, HR and the member (structured review process), with dates of each review, measures recommended, measures implemented and with what outcome.

Structured Review Process			
Dates of Reviews	Measures Recommended	Measures Implemented	Outcome

If a structured review process has not taken place, please provide the reasons

Has a final review taken place?

Yes

No

If 'No' please provide the reasons

If 'Yes', please provide the following details

Final Review			
Date of Review	Measures Recommended	Measures Implemented	Outcome

Please provide full details of the job being undertaken by the member.

IMPORTANT: This application cannot be processed without these details.

This job description must state the nature of the duties, including documentation that provides the physical and intellectual skill requirements and the proportion of time spent on each. eg person specification, KFS or JEGS.

You may, alternatively, attach this information providing it covers all of the points stated above.

What type and period of rehabilitation has been considered and with what outcome?

If it has not been possible either to consider or implement a type and period of rehabilitation, please provide reasons below.

Use the space below to record any other information that may be of use in processing this application.

Employer declaration

I certify that this person is applying for consideration of entitlement to a retirement pension on the grounds of ill-health, that all the details given in Part A are complete and correct.

I confirm advice has been sought from Occupational Health Yes give name and address details below
No

Name of Occupational Health Physician or Practitioner

Address of Occupational Health Department

Please provide the following details relating to the Employing Authority

Title *Mr; Mrs; Miss; Ms; Dr; Prof*

Name of person completing this section

Job title

Telephone number (for use in the event of a query) ext.

Fax number

Signature

Date / /

Please note that the address given in this box will be used as the forwarding address for all correspondence.

We will mark it for the attention of the person named above.

EA official stamp

Please give this form to the member with a pre-paid envelope 'MP Env 90' and ask them to complete Part B. We will write to you at the address shown above when we receive this application form.

To be completed by the member.

Please read the guidance about release of medical information before completing this section, then sign and date the declaration and consent on the next page. Failure to provide information will result in your application being delayed or rejected.

NHS Pensions needs a report from *your doctor at Part C of this form, so that it can consider your application for ill health retirement benefits. (*This means any doctor who has treated you, or cared for you, or who has been involved in diagnosing your condition, and includes an Occupational Health Doctor.)

Access to Medical Reports Act 1988

Medical reports your doctor prepares for NHS Pensions are subject to the 'Access to Medical Reports Act 1988'. Under that Act you can either:

- allow your doctor to send it straight to NHS Pensions without you seeing it first, or
- ask to see the report **before** they send it to NHS Pensions, or
- you can instruct the doctor **not** to send the report to NHS Pensions at all.

Reports written by a doctor who has not been involved in your treatment, care or diagnosis or medical records that already exist, are **NOT** subject to the Access to Medical Reports Act 1988.

If you decide that a report requested by NHS Pensions can come straight to us without you seeing it first, you can still ask to see it at any time up to 6 months after we receive it.

The 'Consent' you sign will tell your doctor whether you wish to see any report they prepare before they send it to NHS Pensions. If you decide you want to see the report **before** your doctor sends it, you have 21 days from when NHS Pensions asks for the report to let your doctor know that you wish to see it. You can view the report for free, but your doctor is entitled to charge you a reasonable fee if you want a copy for yourself. Your doctor can withhold all or part of the report from you. But, if they do so for professional medical reasons, they must tell you that they are doing so.

If you think that the report your doctor has prepared is misleading or incorrect in any way, you can ask them **in writing** to amend it. Your doctor can refuse to amend the report, but if they do they will invite you to send a letter with your comments that they can attach to the report, before they send it to NHS Pensions.

Release of medical information and examination by an independent doctor

In order to clarify or confirm certain aspects of your medical condition NHS Pensions may sometimes need to ask for other medical, or relevant information (e.g. from your GP, Specialist or employer). We may also need you to be examined by an independent doctor. So that they understand what you are claiming for we might need to pass any or all of the reports and medical or relevant information to them. NHS Pensions will also need to pass all the information it gathers to its Medical Advisers.

If you do not agree to the release of reports or other information about your medical condition, NHS Pensions may be unable to consider your application for benefits.

Data Protection Act 1998: Fair Processing Notice

The NHS Business Services Authority - Pensions Division will only use the information that you have provided on this form for as long as is required by law. Your details will then be removed from our files. We will not transfer your Personal Data outside the European Economic Area or disclose it to any third party other than for the purposes of detecting and preventing fraud and errors or as required by law. We may contact you to discuss your application by any of the methods you have entered on this form.

Please provide full details to all the questions in this section.

Home address

Postcode

Telephone number

STD code	
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What is your GP's name?

Dr

What is the address of your GP's practice?

Postcode

What is your GP's telephone number?

STD code	
----------	--

Have you seen a consultant or specialist? No

Yes

Please tell us about the consultant

Name of consultant

--

Name and address of the hospital where you were last seen by the consultant (or, if seen privately, the consultant's private address)

What does the consultant specialise in?

--

Date when you were last seen by the consultant? (if known)

/ /

Your NHS Career

Describe the training you have had for your NHS job with dates. If you are a member of a professional group, give details and dates of your professional qualifications and registration.

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Describe the experience you have gained within your NHS career, giving dates and titles of all positions held.

If necessary, continue on a separate sheet of paper and staple to this page.

Other training and jobs

If you have had any other training and/or have held other jobs not in the NHS, please provide details with appropriate dates.

Any other information you think is relevant to support your application.

If necessary, continue on a separate sheet of paper and staple to this page.

Equal Opportunities Monitoring

In accordance with Race Relations, Employer Equality and Disability Discrimination legislation the NHS Pension Scheme is required to collect the census data below.

Ethnicity		Please tick the box that is most applicable to you	
White			
<input type="checkbox"/> British (A)	<input type="checkbox"/> Irish (B)	<input type="checkbox"/> Other white background (C)	<input type="checkbox"/> Northern Irish (C2)
<input type="checkbox"/> Unspecified (C3)	<input type="checkbox"/> English (CA)	<input type="checkbox"/> Scottish (CB)	<input type="checkbox"/> Welsh (CC)
<input type="checkbox"/> Cornish (CD)	<input type="checkbox"/> Cypriot - non specific (CE)	<input type="checkbox"/> Greek (CF)	<input type="checkbox"/> Greek Cypriot (CG)
<input type="checkbox"/> Turkish (CH)	<input type="checkbox"/> Turkish Cypriot (CJ)	<input type="checkbox"/> Italian (CK)	<input type="checkbox"/> Irish Traveller (CL)
<input type="checkbox"/> Traveller (CM)	<input type="checkbox"/> Gypsy / Romany (CN)	<input type="checkbox"/> Polish (CP)	<input type="checkbox"/> ex-USSR (CQ)
<input type="checkbox"/> Kosovan (CR)	<input type="checkbox"/> Albanian (CS)	<input type="checkbox"/> Bosnian (CT)	<input type="checkbox"/> Croatian (CU)
<input type="checkbox"/> Serbian (CV)	<input type="checkbox"/> Other ex-Yugoslav (CW)	<input type="checkbox"/> Mixed (CX)	<input type="checkbox"/> Other European (CY)
Asian or Asian British			
<input type="checkbox"/> Indian (H)	<input type="checkbox"/> Pakistani (J)	<input type="checkbox"/> Bangladeshi (K)	<input type="checkbox"/> Any other Asian background (L)
Asian			
<input type="checkbox"/> Mixed (LA)	<input type="checkbox"/> Punjabi (LB)	<input type="checkbox"/> Kashmiri (LC)	<input type="checkbox"/> East African (LD)
<input type="checkbox"/> Sri Lankan (LE)	<input type="checkbox"/> Tamil (LF)	<input type="checkbox"/> Sinhalese (LG)	<input type="checkbox"/> British (LH)
<input type="checkbox"/> Caribbean (LJ)	<input type="checkbox"/> Unspecified (LK)		
Black or Black British			
<input type="checkbox"/> Caribbean (M)	<input type="checkbox"/> African (N)	<input type="checkbox"/> Any other black background (P)	
Black			
<input type="checkbox"/> Somali (PA)	<input type="checkbox"/> Mixed (PB)	<input type="checkbox"/> Nigerian (PC)	<input type="checkbox"/> British (PD)
<input type="checkbox"/> Unspecified (PE)			
Mixed			
<input type="checkbox"/> White & Black Caribbean (D)	<input type="checkbox"/> White & Black African (E)	<input type="checkbox"/> White & Asian (F)	
<input type="checkbox"/> Any other mixed background (G)	<input type="checkbox"/> Black & Asian (GA)	<input type="checkbox"/> Black & Chinese (GB)	
<input type="checkbox"/> Black & White (GC)	<input type="checkbox"/> Chinese & White (GD)	<input type="checkbox"/> Asian & Chinese (GE)	<input type="checkbox"/> Other/Unspecified (GF)
Other Ethnic Groups			
<input type="checkbox"/> Chinese (R)	<input type="checkbox"/> Any other ethnic group (S)	<input type="checkbox"/> Vietnamese (SA)	<input type="checkbox"/> Japanese (SB)
<input type="checkbox"/> Filipino (SC)	<input type="checkbox"/> Malaysian (SD)	<input type="checkbox"/> Other Specified (SE)	
I do not wish to declare my ethnicity			
<input type="checkbox"/> Not stated (Z)			

Employer Equality Regulations 2003

Sexual orientation

- Heterosexual Bi-sexual Lesbian Gay
- I do not wish to declare my sexual orientation

Religion / Belief

- Christianity Judaism Hinduism Atheism
- Islam Sikhism Other
- I do not wish to declare my religion / belief

Disability Discrimination Act 1995

Disability

- Yes Physical impairment Sensory impairment Long standing illness
- No Mental Health condition Learning disability/difficulty Other
- Not declared

Your declaration and consent

I declare that I have read and understood the guidance about the Access to Medical Reports Act 1988 and that the information I have given on this form is correct and complete to the best of my knowledge.

Please tick one of the following choices.

- I do not want** to see any report from my doctor(s) **before** it is sent to NHS Pensions.
- I want** to see any report from my doctor(s) **before** it is sent to NHS Pensions.
- I want** a copy of Part C.
- I do not want** my doctor(s) to complete Part C of this form and am sending it with my reasons, to NHS Pensions.

Please tick one of the following choices.

- I agree** that NHS Pensions can ask any doctor who has been involved in my care for any information relevant to this claim and, if necessary, to share that information with an independent examining doctor, and in all cases with NHS Pensions Medical Advisers for the purpose of considering my application.
- I do not agree** that NHS Pensions can ask any doctor who has been involved in my care for any information relevant to this claim and, if necessary, to share that information with an independent examining doctor, and in all cases with NHS Pensions Medical Advisers for the purpose of considering my application.

Please tick one of the following choices.

- I agree** to attend any medical examinations by an independent doctor if necessary.
- I do not agree** to attend any medical examinations by an independent doctor if necessary.

Please tick one of the following choices.

- I agree** that the letter advising me of the outcome of my request to be considered for entitlement to ill health retirement benefits, may be copied to the doctor who completed Part C.
- I do not agree** that the letter advising me of the outcome of my request to be considered for entitlement to ill health retirement benefits, may be copied to the doctor who completed Part C.

Your signature

Date

Please arrange for this form to be sent to the Occupational Health Doctor (where possible) who will complete Part C and send it to NHS Pensions. We will let you know when we receive it.

d. Please provide details of reported symptoms, objective clinical findings, investigation findings, reported functional impairment and objectively confirmed functional impairment.

e. Please describe all relevant (to currently incapacitating conditions) therapeutic intervention to date giving details of the nature of treatments, dates, durations, compliance, response and any adverse effects.

f. What is the likely future course of this member's health and function, with normal therapeutic intervention over the period to normal pension or benefit age?

- g. These questions relate to functional abilities and must be completed by the occupational health doctor. GPs and clinical specialists may comment if they feel able to do so.

How does this member's diagnosed medical condition(s) impact on their capacity to carry out their NHS duties?

What recommendations have you made to the employer?

Are there any work place issues and how have they been addressed?

With normal therapeutic intervention please comment on the likelihood of improvement in functional abilities before the *normal benefit age*.

Please summarise information you consider to be relevant to this member's long term incapacity for the duties of their NHS employment.

Please summarise information you consider to be relevant to this member's long term incapacity for any regular employment.

Please attach copies of any consultant medical specialist reports or case notes which you have in relation to the member's present medical condition which might be useful in processing this application. Access to this information may prevent delays in reaching a decision on this person's application.

h. Terminal illness

Does this member have a medical condition that has a serious impact on life expectancy?

Yes No

If 'Yes' and information is available from the relevant specialist, please include a copy of their report / correspondence.

Is the member aware of the diagnosis? Yes No

Is the member aware of the prognosis? Yes No

Please list the papers enclosed with this application:

