

## Internal Dispute Resolution (IDR) - Stage 1 Application

### Pensions and Injury Benefit Scheme

#### Introduction

In order to start the IDR process you or your representative will need to provide specific information. The details we require are set out in this application form. Failure to provide any of the information we have asked for will result in your application being delayed. We do appreciate that some of the information being requested will already be known to us, however it is a requirement that all such details are provided.

The Disputes Officer will provide you with their decision within 2 months of receiving your completed application. If they are unable to do so they will write to you to let you know the reasons why and provide you with a date when you will receive their full response. *If you have not already done so, please read the guidance contained in the attached leaflet entitled "Complaints and Disputes".*

For the attention of: **The Disputes Officer, NHS Business Services Authority - Pensions**

I wish to apply for a decision under Stage 1 of the IDR procedure, to be made in respect of the attached disagreement, under Section 50 of the Pensions Act 1995 (as amended). I understand that I cannot ask for a decision about this disagreement if:

- proceedings about the disagreement have begun in any court or tribunal, or
- the Pensions Ombudsman has started an investigation into a complaint made, or a dispute referred to him about the disagreement.

Scheme member / IB claimant's signature

Date

**Please complete in all cases giving the member or IB claimant's details** (Block CAPITALS please)

Surname

Other names

Scheme Membership number

Injury Benefit reference

Address

  
  


Date of birth

National Insurance number

**Details of Complainant** (if different from above)

Your surname

Other names

Relationship to Scheme member

Address for correspondence  
(if different from above)

If you are making a claim for financial loss as part of your complaint or dispute, you will need to provide full details of the loss you consider has occurred, by attaching any documentary evidence to support this.

If your complaint or dispute is in respect of a claim for Temporary Injury Allowance, Permanent Injury Benefit, or the payment of your NHS retirement benefits due to ill health, which has been rejected and you hold medical evidence which has not previously been considered, please attach this.

I have attached the following documentation:

- Additional medical evidence, which has not previously been seen by NHS Pensions
  - Details of the financial loss I have incurred
  - Other (please provide details) \_\_\_\_\_
- 

Please provide full details of your complaint or dispute then return your completed application form, with any additional information you consider relevant, to:

The Disputes Officer  
NHS Business Services Authority - Pensions  
Hesketh House  
200-220 Broadway  
Fleetwood FY7 8LG

Write the reasons for your request for a decision. Please give all the details you can, including dates and names (if appropriate). Attach any relevant documents securely to this sheet.

Signature of complainant

Date

**If you are helping this member / IB Claimant to apply for a decision, please give your details below**

Your surname

Other names

Relationship to Scheme member

Address for correspondence  
(if different from over the page)

**I authorise the above person to act on my behalf**

Signature of complainant

Date

**Data Protection Act 1988: 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.*