

# Internal Dispute Resolution

## Stage 1 Applications (DRP1)

In order to initiate the Internal Dispute Resolution process it is a requirement of the Occupational Pension Schemes (Internal Disputes Resolution Procedures) Regulations 1996 that you or your representative 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 of the above legislation that all such details are provided.

The Disputes Officer is required to 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 leaflet *Complaints and Disputes*. This can be downloaded from the NHS Pensions or Injury Benefit website.

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

I wish to apply for a Stage One decision under the Scheme's IDR procedure to be made in respect of the attached disagreement, pursuant to Section 50(2)(a) of the Pensions Act 1995. 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's / IB claimant's\* signature

Date: / /

**The following should be completed in all cases** (Block CAPITALS please)

Surname of Pension Scheme member or IB claimant\*

Other names of Pension Scheme member or IB claimant\*

Pension Scheme Membership number: SD /

**or** Injury Benefit reference: IB

Address of Pension Scheme member or IB claimant\*

Date of birth of Pension Scheme member or IB claimant\* / /

National Insurance number of Pension Scheme member or IB claimant\*

\*Delete as appropriate

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**Details of Complainant** (to be completed only if you are acting on behalf of, or in respect of, a Scheme member or IB claimant)

Your surname \_\_\_\_\_ Other names \_\_\_\_\_

Relationship to Scheme member \_\_\_\_\_

Address for correspondence (if different from above) \_\_\_\_\_

**If you are helping the member or IB claimant to apply for a decision,** (eg you are a relative or trade union representative) please give your details below

Your surname \_\_\_\_\_ Other names \_\_\_\_\_

Relationship to Scheme member \_\_\_\_\_

Address for correspondence (if different from over the page) \_\_\_\_\_

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** (if applicable):

- 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 - Pension Division  
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:     /     /

\* only if different from the Scheme member / IB claimant

**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.