

NHS Pensions
PO Box 2269
Bolton
BL6 9JS

www.nhsbsa.nhs.uk/nhs-pensions

Member Helpline: 0300 330 1346
Employer Helpline: 0300 330 1353

NHS Pensions - Consideration of entitlement to ill health retirement benefits (AW33E)

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:

- have at least two years' qualifying membership
- not have attained Normal Pension Age
- 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 permanently incapable of carrying 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 reduction for the early payment.

Tier 2 pension

If you are assessed as being permanently incapable of regular employment of like duration and you are a member of the 1995/2008 section of the NHS Pension Scheme 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 Pension Age.

If you are a member of the 2015 Scheme you will be entitled to benefits you have earned to date plus a pro rata enhancement based on half your prospective pension to the Scheme's Normal Pension Age. This is called the Tier 2 addition

Guidance for members who have opted out of the NHS Pension Scheme

To qualify for ill health retirement benefits you must:

- have at least two years' qualifying membership
- not have attained Normal Pension Age

- retire from employment because of illness or injury, **and**
- have a physical or mental infirmity that makes you permanently incapable of efficiently carrying out the duties of your NHS job.

If you are assessed as being permanently incapable of carrying 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 reduction for the early payment.

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

- **Scheme's Normal Pension Age:** age 60 years in the 1995 Section, age 65 in the 2008 Section and State Pension Age, or age 65 if this is higher, for members of the 2015 Scheme.
- **Retires from pensionable employment:** your employment must be terminated on grounds of ill health.
- **Permanently incapable:** through your medical condition, subject to appropriate medical treatment, you will not be able to return to NHS work before the Scheme's Normal Pension Age.
- **Efficiently discharging the duties:** producing the result required efficiently.
- **Your 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.

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. Our Medical Advisers may also take account of information obtained from your own General Practitioner or Consultant medical specialist. However, any costs or fees for providing these reports are your responsibility.

Our Medical Advisers will make a recommendation based on the evidence provided in this application and will not routinely seek further medical evidence.

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

Please be aware that paper applications and any associated medical evidence enclosures will be confidentially destroyed shortly after the documents have been digitally scanned. Whilst we do require submission of an original application, we are happy to consider copies of any additional medical evidence enclosures where you wish to retain the original documents.

If you qualify for ill health pension benefits you must complete the retirement benefits claim form (AW8) to request payment of these benefits.

You could be subject to a tax charge if there is a large increase in your NHS pension benefits in the tax year your ill health benefits are paid. For more information visit www.nhsbsa.nhs.uk/nhs-pensions and www.hmrc.gov.uk/pensionsschemes. You may wish to consider taking tax advice if you think you may be affected.

Important note:

If you have deferred pension benefits in either the 1995/2008 Section or the 2015 Scheme you may need to make separate applications for consideration of entitlement to benefits. Further information is available on our website at: www.nhsbsa.nhs.uk/nhs-pensions

Members with deferred pension benefits need to make their application using Form AW240 (available on our website) as this form (AW33E) will be used for the consideration of entitlement to ill health pension benefits for your non deferred membership only.

Part A - To be completed by the Employing Authority.

Please provide details of the member.

Members NHS Pension Scheme membership number (if known) SD /

Title (e.g. Mr, Mrs, Miss, Dr)

Gender: Male Female

Surname (please use CAPITAL letters)

Other names

Date of birth / / Verified

National Insurance number

Job title

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"/> |
| NHS England | <input type="checkbox"/> | Mental Health Trust | <input type="checkbox"/> | GP Practice | <input type="checkbox"/> | Direction Bodies | <input type="checkbox"/> |
| Local Health Board in Wales | <input type="checkbox"/> | | | Clinical Commissioning Group (CCG) | <input type="checkbox"/> | | |
| Arms Length Body (ALB) | <input type="checkbox"/> | | | Independent Provider | <input type="checkbox"/> | | |
| Special Health Authority (other than NHS England) | <input type="checkbox"/> | | | Local Authority | <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; | |
| 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"/> | (eg. GDS, PDS) | |
| 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 / groundsperson; 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)

Post code

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 two years qualifying or pensionable NHS employment?

No Yes

Has this applicant opted out of the Scheme?

No Yes

If 'Yes' what was the date of the Opt Out?

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.

No Yes

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

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 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

Post code

Please provide the following details relating to the Employing Authority

Title (e.g. Mr, Mrs, Miss, Dr)

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 asking them to complete Part B.

Part B - To be completed by the Member

Please read the guidance about release of medical information and Annual Allowance before completing this section, then sign and date the declaration and consent on the next page.
Failure to provide information or consent to the release of 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 six 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.

Annual Allowance

The Annual Allowance is the amount of pension savings you can build up and also gain tax relief on each year. It covers pension savings in all your pension arrangements, with the exception of the State pension or a dependant benefit, and if, when they are added together, they exceed the Annual Allowance you may have to pay an Annual Allowance charge.

You are more likely to be affected by an Annual Allowance charge if your application for ill health retirement is accepted and the benefits you receive are increased. This normally happens if you are awarded Tier 1 and you are purchasing additional benefits or you are awarded a Tier 2 pension.

HMRC allow you to carry forward any unused Annual Allowance from the previous three tax years to the current tax year. The amount of any unused Annual Allowance is added to the current tax year's Annual Allowance to give you a higher Annual Allowance amount.

You may wish to consider taking tax advice if you think you may be affected. More information about Annual Allowance is available on the website at: www.nhsbsa.nhs.uk/nhs-pensions and www.hmrc.gov.uk/pensionsschemes.

Severe ill health condition – HMRC Test

The information below is only relevant if:

1. You are accepted for Tier 2 ill Health retirement benefits; and
2. The growth in your NHS pension benefits exceed the Annual Allowance.

Meeting HMRC's severe ill health condition will exempt you from an Annual Allowance charge in the tax year the condition is met. You may still have an Annual Allowance charge in relation to another tax year if the Annual Allowance is exceeded and you do not have enough unused Annual Allowance to carry forward.

The conditions for having a severe ill health condition are as follows:

- we receive evidence from a registered medical practitioner that confirms you are suffering from ill health which makes you unlikely to be able to undertake any gainful work in any capacity other than to an insignificant extent before reaching State Pension Age; OR
- an application to commute ill health retirement benefits has been accepted and you meet HMRC's requirements for a serious ill health lump sum (this is normally where the NHS Pensions Medical Advisers confirm you have less than 12 months to live).

If you are accepted for Tier 2 and you have given your permission, NHS Pensions will normally check whether:

- the growth in your NHS benefits exceeds the Annual Allowance in a tax year; and
- you meet HMRC's conditions for severe ill health in that tax year.

This service is provided free of charge to assist you in establishing your tax position.

How we use your information

The NHS Business Services Authority – NHS Pensions will use the information provided for administering your NHS Pension Scheme membership and processing payment of your NHS pension benefits. We may share your information to administer and pay your NHS pension, enable us to prevent and detect fraud and mistakes, for debt collection purposes, or as required by law. For more information about who we share your information with and how long we keep your personal data and your rights, please visit our website at www.nhsbsa.nhs.uk/yourinformation

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

About you

Your NHS Pension Scheme membership number (if known)

SD				/									
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Home address

Post code												

Contact telephone number

--

Email address

--

About your GP

What is your GP's name?

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What is your GP's telephone number?

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What is the address of your GP's practice?

Post code												

Have you seen a consultant or specialist? No Yes Please tell us about the consultant

Consultant details

Name of consultant

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

		/			/						
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What does the consultant specialise in?

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

Post code												

Name of consultant

--

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

		/			/						
--	--	---	--	--	---	--	--	--	--	--	--

What does the consultant specialise in?

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

Post code												

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.

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

If necessary, please 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.

Your declaration and consent

I declare that I have read and understood the guidance about the Access to Medical Reports Act 1988 and Annual Allowance 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** my doctor(s) to complete Part C of this form and am sending it with my reasons to **NHS Pensions**, PO Box 2269, Bolton, BL6 9JS. I understand that this may result in the medical advisers being unable to assess my application for benefits.
- I want** a copy of Part C. (It is up to you to ask the author of Part C for that copy, for which a fee may be payable.)
- I do not want** a copy of Part C.

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 understand this may result in my application taking longer to assess.

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.
- 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.

Please tick one of the following choices.

- I agree that**, where necessary, to share information from a doctor who has been involved in my care with an independent examining doctor.
- I do not agree** to share information from a doctor who has been involved in my care with an independent examining doctor.

Please tick one of the following choices.

- I agree** that NHS Pensions can share information with their medical advisers for the purpose of considering my application.
- I do not agree** that NHS Pensions can share information with their medical advisers for the purpose of considering my application and understand that NHS Pensions may need to request additional documentation to fully assess my application for benefits. Where this is not possible, the medical advisers may be unable to assess 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 and understand that NHS Pensions may need to request additional documentation to fully assess my application for benefits. Where this is not possible, the medical advisers may be unable to assess my application.

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.

Please tick one of the following choices:

- I agree** that if my application is accepted and I am considered eligible for Tier 2 NHS Pensions Medical Advisers can carry out the additional check to see if I meet HMRC's severe ill-health condition in order to establish whether I am exempt from an Annual Allowance charge in the tax year the condition is met.
- I do not agree** that NHS Pensions Medical Advisers can carry out the additional check to see if I meet HMRC's severe ill-health condition. I accept that NHS Pensions will not be able to establish whether I am exempt from an Annual Allowance charge and may incur an unnecessary tax charge.

Please tick one of the following choices:

- I wish** to receive a copy of my medical report from NHS Pensions' medical services provider before it is sent to NHS Pensions. Please note that this may result in your application taking longer.
- I do not wish** to receive a copy of my medical report from NHS Pensions' medical services provider before it is sent to NHS Pensions.

Failure to complete this declaration in full will result in the application being returned to the member. Please note that this will delay the application process.

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.

Part C - To be completed by the Occupational Health Doctor

Members NHS Pension Scheme membership number (if known) SD

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To be completed by the Occupational Health Doctor.

Where this is not possible, a GP or Specialist can provide a medical report, however any costs or fees for providing this report are chargeable to the applicant.

It is recommended that before the doctor considers completing this form, they access the ill health factsheets, which may be downloaded from the NHS Pensions website www.nhsbsa.nhs.uk/nhs-pensions

Medical Information

a. Please list all currently diagnosed medical conditions giving date of onset for each.

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b. Provide details of the reported reason(s) for current incapacity.

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c. Please provide details of the past course of any medical conditions currently reported as giving rise to incapacity.

--

- 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 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.

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

2. What recommendations have you made to the employer?

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

4. With normal therapeutic intervention please comment on the likelihood of improvement in functional abilities before the Normal Pension Age.

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

6. 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 - This must be completed in ALL cases

If you do select one of the options then a medical advisor will need to come to you for further information.

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

Yes No

2. In your opinion, is the member's life expectancy less than one year?

Yes No

3. If answer to question 2 is 'Yes' and information is available from the relevant specialist, please include a copy of their report / correspondence.

Important

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:

Please provide the following details as fully as possible.

About the consultant

Name of consultant

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

Post code									

What does the consultant specialise in?

Date when the member was last seen by the consultant? (if known)

			/				/				
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Doctor's details

Full name

Address

Post code									

Telephone number

I am this person's

Consultant / Occupational Health Doctor

Consultant / Hospital Doctor

General Practitioner

Please note that Occupational Health Doctors **cannot** claim a fee. Hospital Doctors / Consultants **cannot** claim a fee **unless** the person concerned is not a patient and they need a special examination or case note study.

Signature

Date

			/				/				
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Please send the completed form with any additional medical reports received in connection with this application to **NHS Pensions**, PO Box 2269, Bolton, BL6 9JS.

Please ensure this section is attached to Parts A and B.

