

Date of receipt:

## Stepping down Election on Account of Ill-health for Career Average Members

Please read the 'introduction' and the accompanying notes to determine whether this election applies to you. If so, you will need to complete Part A and your employer will need to complete Part B to certify the reduction in pensionable earnings. Medical information will also need to be attached.

Please complete this form using black ink and in BLOCK CAPITALS.

**Introduction:** This election relates to members with career average accrual in the Teachers' Pension Scheme 2015 who have moved to a lower paid post as a result of an ill-health condition. Subject to certain conditions, if you subsequently apply for ill-health retirement and are awarded a total incapacity enhancement, the enhancement will be based on your annual rate of pensionable earnings at the date of the stepping down election, indexed in line with inflation. **Please note that the ill-health condition at retirement must be related to the ill-health condition that caused the step down in earnings.** Further details about the conditions for stepping down and ill-health / total incapacity pension are shown in the accompanying notes. This election must be completed as soon as possible after the stepping down and sent to Teachers' Pensions. **If you are in more than one employment, a separate election may be needed if you are stepping down in more than one employment.**

### Part A: To be completed by the member in all cases.

#### Section 1: Personal details

- Teacher's reference number** (example 99/99999)  
 /
- Surname** (one character per box)
- Former surname** (if any)
- First name**
- Title** (please tick, or state if other)  
Mr  Mrs  Miss  Ms  Other
- Date of birth**
- National Insurance number**
- Contact address**  
  
  
  
Postcode
- Home telephone number** (inc. STD code)
- Mobile telephone number**
- Personal email address for all future correspondence**  
(We will send details of your benefits to your email address)
- Last date of service at the (higher paid) post prior to the reduction in earnings**
- Date of taking up lower paid post as a result of ill-health**
- Have you reduced your hours? If so, please give details**
- Details of medical condition causing the reduction in pensionable earnings**
- Medical information from my general practitioner or other medical practitioner is required in support of my stepping down election. This is attached.**  
Yes

**Part A: To be completed by the member in all cases. (continued)**

**Section 2**

**1. Job role/title including subjects taught prior to the stepping down**

| Establishment name | Role category code/job description | Subject taught | Age range | Duration post held (from-to) | % of full-time contracted to work |
|--------------------|------------------------------------|----------------|-----------|------------------------------|-----------------------------------|
|                    |                                    |                |           |                              |                                   |
|                    |                                    |                |           |                              |                                   |
|                    |                                    |                |           |                              |                                   |

Role category codes: 1 – Teacher/Lecturer  
4 – Head Teacher/Principal

2 – Head of Year/Subject / Discipline  
5 – Supply Teacher

3 – Deputy Head/Vice Principal  
6 – Other (Please provide details)

**2. Job role/title including subjects taught after the stepping down**

| Establishment name | Role category code/job description | Subject taught | Age range | Duration post held (from-to) | % of full-time contracted to work |
|--------------------|------------------------------------|----------------|-----------|------------------------------|-----------------------------------|
|                    |                                    |                |           |                              |                                   |
|                    |                                    |                |           |                              |                                   |
|                    |                                    |                |           |                              |                                   |

Role category codes: 1 – Teacher/Lecturer  
4 – Head Teacher/Principal

2 – Head of Year/Subject / Discipline  
5 – Supply Teacher

3 – Deputy Head/Vice Principal  
6 – Other (Please provide details)

**Section 3: Members' Declaration**

**Any person knowingly making a false declaration may be liable to prosecution.**

- I am a member of the career average arrangement in the Teachers' Pension Scheme 2015 at the date this election is made.
- The information contained in Part A is correct to my knowledge and belief.
- I acknowledge that if I am not awarded a total incapacity enhancement on ill-health retirement, this election will have no effect.
- I understand that if the medical condition described in section 1, point 15 of Part A is not linked to my ill-health at the time of the ill-health application, the stepping down election will not apply.
- I attach further medical information from my general practitioner or other medical practitioner to support this stepping down election.

**Signature**

**Date**

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Once parts A and B are fully completed, this election needs to be forwarded to Teachers' Pensions to be held on their records until a future ill-health application is made.

**Data Protection Act 1998.** The Department for Education (DfE) will use any information you provide in connection with the Teachers' Pension Scheme to administer and operate the scheme and pay benefits under it. This may include passing details to third parties that are involved in the administration and operation of the scheme. The DfE may also use your data for administrative purposes in line with its data protection notification. In order to fulfil its duty to protect public money, the DfE may use information it holds to prevent and detect fraud. It may also share information with other organisations that handle public funds. **If there is any difference between the legislation governing the Teachers' Pension Scheme and the information in this application form, the legislation will apply.**

**Please return to us at:**

Teachers' Pensions,  
11b Lingfield Point,  
Darlington, DL1 9AX

[www.teacherspensions.co.uk](http://www.teacherspensions.co.uk)

Please complete this form using black ink and in BLOCK CAPITALS.

**Part B: To be completed by the employer.**

**Certification**

**Section 1: Employment details.**

Please tick below as appropriate

I certify that the teacher has moved to a lower paid post on

I also certify that the terms of that employment are changed wholly or partly because of this member's ill-health.

**Details of the teacher's service and salary before and after the stepping down with this employer are as follows:-**

|                      | Full-time (F) or part-time (P) | Start Date<br>D M Y | End Date<br>D M Y | Full-time or equivalent annual rate of pensionable earning (£) | Proportion of full-time contract |
|----------------------|--------------------------------|---------------------|-------------------|--|----------------------------------|
| Before stepping down |                                |                     |                   |  |                                  |
| After stepping down  |                                |                     |                   |  |                                  |

**Medical information and employment impact**

1. Please give details of the member's illness and how it affects the member's ability to continue teaching/working.

2. Has the member consulted with an occupational health advisor regarding the stepping down in employment? If so, please provide details.

Signature

Date

1. Name of authorised officer (in capital letters)

2. Position

3. Telephone number (inc. STD code and extn.)

4. Name of contact for admin purposes (in capital letters)

5. Telephone number (inc. STD code and extn.)

6. Fax number (inc. STD code)

7. Email address

8. Please indicate type of establishment (Please tick)  
 Local Authority school/college  
 Academy  
 Independent School

9. Full address  
  
  
  
  
 Postcode

Please read the accompanying notes before completing this form.

## How to Complete the Election Form

### Conditions for stepping down

A person who is a member of the Career Average 2015 scheme who is awarded "Total incapacity enhancement" at retirement on account of ill health, will have their enhancement calculated on their full time salary or full time equivalent salary during their career, on account of ill health, may qualify for stepping down provided:

- (a) This can be supported by medical evidence at the time and
  - (b) There is a link between the medical condition at the time of stepping down with the illness at the time of the ill health application.
- Medical information at the time of this election must be supplied.

### Notes for member

Please complete all of the sections regarding the stepping down and then sign and date the members declaration. Relevant medical information from your general practitioner or other medical practitioner should be attached to the form. This will be held on your file until and in the event of an ill health application being made at a future date, if you are awarded total incapacity enhancement., this will be based on your earnings prior to stepping down, indexed in line with inflation.

### Please complete all of the sections regarding the stepping down

#### Section 2: Employment details

- The full time salary or the full time equivalent annual salary rate for part time members should be included.

#### Section 1: Medical information and employment details

(bullet point) Please complete these sections to demonstrate how the illness has impacted on the members employment resulting in a reduction in the salary rate.

If the member has the same salary rate but has moved from full time to part time, there is no "stepping down", as the total incapacity enhancement is based on the full time equivalent salary at the point of leaving pensionable service.

### Notes for the employer

- Certification must be as soon as possible after the stepping down election.
- The certification must be signed by a responsible officer of the Local Authority or a member of the Governing body of a Non-LA educational institution.
- Please retain a copy of this form on your file.

**Data Protection Act 1998.** The Department for Education (DfE) will use any information you provide in connection with the Teachers' Pension Scheme to administer and operate the scheme and pay benefits under it. This may include passing details to third parties that are involved in the administration and operation of the scheme. The DfE may also use your data for administrative purposes in line with its data protection notification. In order to fulfil its duty to protect public money, the DfE may use information it holds to prevent and detect fraud. It may also share information with other organisations that handle public funds. **If there is any difference between the legislation governing the Teachers' Pension Scheme and the information in this application form, the legislation will apply.**

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