

Application for Ill-health Retirement Benefits

Before completing this form, please read the attached notes which provide general guidance on applying an ill health application.

Ensure that you complete ALL sections and questions in the form (unless otherwise stated) and sign and date the declaration - an unsigned application cannot be accepted. Failure to supply the required information may result in your application and subsequent payment of any benefits being delayed whilst we obtain the relevant information.

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

Part A: To be completed by the applicant in all cases. Please refer to 'How to complete the Application Form' for help completing Part A.

Section 1: Personal details

1. **Teacher's reference number** (example 99/99999)

2. **Surname** (one character per box)

3. **Former surname** (if any)

4. **First name**

5. **Title** (please tick, or state if other)

Mr Mrs Miss Ms Other

6. **Date of birth**

7. **National Insurance number**

8. **Contact address**

Postcode

9. **Home telephone number** (inc. STD code)

10. **Mobile telephone number**

11. **Personal email address for all future correspondence**

(We will send details of your benefits to your email address)

12. **Are you in pensionable service?**

(See notes for definition of pensionable service).

Yes No

Are you in eligible employment?

(See notes for definition of eligible employment).

Yes No

If no, when did you leave eligible employment?

D D M M Y Y Y Y

13. **Are you employed simultaneously by more than one teaching employer?**

Yes No

14. **Do you wish to take serious ill-health commutation due to reduced life expectancy?**

Yes No

15. **If you are a member of the career average 2015 Scheme, have you had a step down in salary on account of ill-health with your current employer(s)?** (See notes)

Yes No

16. **Have you had a step down in salary on account of ill-health with a previous employer?** (If yes, please attach details)

Yes No

17. **Have you made a stepping down election on account of ill-health?** (If yes, please attach details)

Yes No

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

Notes: Have you had more than one employer within the last three years? Please provide their names and addresses on a separate sheet together with the periods of employment with each employer.

Section 2: Employment details

1. All subjects qualified to teach

2. Full name and type of establishment(s) employed within the last 2 years

3. Job role/title including subjects and age range taught within 5 years

School 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 2 – Head of Year/Subject / Discipline 3 – Deputy Head/Vice Principal
 4 – Head Teacher/Principal 5 – Supply Teacher 6 – Other (Please provide details)

Section 3:

1. Are you currently employed outside teaching?
 (If yes, please provide details of your service and employer.)

Yes No

2. Do you work full or part-time?

Full-time Part-time

If part-time, how many hours per week?

hours

3. Job title and brief description

4. Name of employer/self-employed

5. Address of Employer

Postcode

(continued overleaf)

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

Notes: Have you had more than one employer within the last three years? Please provide their names and addresses on a separate sheet together with the periods of employment with each employer.

Section 4:

1. Please give details of your illness and how it affects your ability to continue teaching/working.

Four horizontal lines for text entry.

2. Have you discussed your condition with your employer/occupational health adviser?

Yes No If yes, what discussions/actions have taken place?

Four horizontal lines for text entry.

Section 5: Declaration

Any person knowingly making a false declaration is liable to prosecution.

- I apply for ill-health retirement benefits under the Teachers' Pensions Regulations.
- I confirm I am not in receipt of Premature retirement benefits or Actuarially Reduced retirement benefits payable under the Teachers' Pensions Regulations.
- I give my consent for my application and supporting medical reports/documentation to be passed to my employer's Occupational Health Provider for checking before submission to Teachers' Pensions. I understand that feedback or comments may be passed by Teachers' Pensions to my employer's Occupational Health Provider, and to any other third party who helped me complete the application.
- I understand that all medical reports provided will be treated in strict confidence, and are subject to the provisions of the Data Protection Act 1998.
- I consent to any such reports being made available to the DfE's Medical Advisers and any other authorised personnel.
- All the information I have given on this form is true to the best of my knowledge and belief.
- I have read the attached notes.

Signature

Blank box for signature.

Date

DDMMYYYY

(continued overleaf)

Part A: To be completed by the witness.

Section 6: To be completed by the witness (not a relative) for applicants who have been out of teaching employment for over 24 months.

• I certify that this declaration was this day signed in my presence by the applicant, whom I believe to be the person to whom the foregoing particulars relate.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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1. Name

2. Home telephone number (inc. STD code)

3. Personal Email address for all future correspondence

4. Contact address

Postcode

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Notes: You can monitor the progress of your case using **'Track my Case'** on our website. If your application is successful, notification of your retirement benefits will be posted in the secure area of the website via **'My Pension Online'**.

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, DL3 1AX

www.teacherspensions.co.uk

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

Part B: To be completed by the employer.

Notes: If the applicant is **still in pensionable service**, or **ceased to be in pensionable service within the last 24 months**, or is **still in eligible employment** (i.e. on the employer's books), the employer's role in this application is to **complete parts B and C of the form**. Any envelope containing medical evidence must not be opened. (See notes for question 12 for definitions of pensionable service and for eligible employment.)

Section 1: Barring

Section 142 of the Education Act 2002, Section 12 of the safeguarding Vulnerable Groups Act 2006 and Section 1 of the Teaching and Higher Education Act apply.

1. Has this teacher been previously suspended from duty, or the subject of investigation for any reason?

Yes No

Section 2: Suspension

1. Is this teacher suspended from duty, or are investigations pending for any reason?

Yes No

2. Has there been any contact with DfE, the Disclosure and Barring Service or NCTL regarding any suspension/investigation? If so, please give details and a named contact.

Named Contact:

Section 3: Member/School information

1. Teacher's reference number

/

2. Member's first name

3. Member's surname

4. Date of birth

/

Verified? Yes No

5. Establishment number

/

6. School name

7. School address

Postcode

8. Is the teacher in eligible employment? I.e. Is there a continuing contractual arrangement between you and the member? If no, please confirm the last date of eligible employment. If the member is a supply teacher (not on a supply list) is there an ongoing contractual relationship?

Yes No Date /

(continued overleaf)

Part B: To be completed by the employer. (continued)

Notes:

Service and salary details must be provided in the table below.

Please include details for the previous financial year and the current year up to the last day of pensionable service. No lines of service details should span 31 March.

Failure to do so will result in a delay in processing and to payment of the award.

For members who are in concurrent service in addition to recording the service below please also provide a breakdown of this service on a separate sheet. Further guidance on completing the service details can be found in the Payroll Guide.

Salary scale			Full/Part-time (F/P)	Start date (dd/mm/yy)	End date (dd/mm/yy)	Full-time annual salary rate (£) (inc. Pensionable Allowance)	Actual part-time salary paid (£)	Days excluded (other than part-time)	Allowances							
									Is salary safeguarded? (S)	London Additions (I/A/O/F)	Social priority (1/2/3/4)	Special classes (7/8)	Overtime (Gross Amount in £'s)	Supp field	School No. or Employment code	Withdrawal Indicator (W)
F	O	O	P	01/04/14	31/08/14	36,000	4,000	000	S	F	2	7	1100	500	4000	W

(continued overleaf)

Part B: To be completed by the employer. (continued)

9. What subject(s) does the applicant have the qualifications, skills and experience to teach?

(If available, please enclose a copy of the member's job description.)

10. Please provide details of any rehabilitation, workplace adjustments, work content or pattern adjustment, increased support or redeployment that have been made in the case.

11. Stepping down on account of ill health.

Has the member had a reduction in responsibility (salary or hours) due to the same illness that is triggering this application? If yes, please complete the below table. Please enter each change on a separate line.

Start date of reduction	End date of reduction	New salary amount	Change in hours (full to part-time)

12. Has a formal stepping down election previously been provided?

Yes No

13. For members of the career average 2015 Scheme, is the current ill-health of the member linked to the medical condition which led to the step down in salary? (Please attach a copy of my stepping down election)

Yes No

(continued overleaf)

Part B: To be completed by the employer. (continued)

Notes: Sick leave details must be completed in all cases. Specific attention must be paid to any illness relating to the application. Please do not leave blank. If no sick leave enter "none". Do not group periods of time together, list each academic year separately. Do not enclose computer printouts. Continue on a separate sheet if necessary.

14. Please provide details of sick leave during the last 3 years of teaching.

From	To	Nature of illness	Illness related to application (Yes/No)	Full / half / no salary	No. of calendar days' absence

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Was ill-health the main factor in the teacher leaving pensionable service?

Yes No

15. Will this teacher receive notice pay at the end of their contractual employment?

Yes No

Do you consider this to be a payment in lieu of notice?

Yes No

Will the notice pay (e.g. 12 weeks of salary) be under the person's contract of employment?

Yes No

(continued overleaf)

Note: Now complete part C

Part C: To be completed by a responsible officer of the employer

Notes: This certificate must be completed and signed by a responsible officer of the Local Authority in respect of all maintained schools, including foundation and voluntary aided schools. In the case of other institutions such as Academies, the certificate must be signed by a responsible officer of the governing body. This cannot be a member of the teaching staff.

Section 4: Certificate

- I certify that this teacher is applying for a retirement pension on the grounds of ill health, that all the details given in Part B are complete and correct and that the contributions due under the Teachers' Pensions Regulations have been, or will be, deducted from salary.
- I confirm that re-deployment and other measures have been considered (such as reasonable adjustment under the Disability Discrimination Act 1995, involvement of occupational health).
- I agree to inform Teachers' Pensions of any future termination payment periods (not in lieu of notice) not detailed in Part B of this form.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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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
- Other (please specify)

9. Full address

Postcode

Notes: This form will not be accepted by Teachers' Pensions without a completed 'Ill Health retirement benefits medical information form'. You should also send any additional medical evidence to support your application as is appropriate.

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:

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www.teacherspensions.co.uk

What Happens Next?

- We will acknowledge receipt of your application form either by letter, email or SMS text. Generally, you will be notified about your benefits before they are due to come into payment.
- Where we hold your email address, we will be able to use this to communicate with you. This will include posting notification of your retirement benefits in the secure area of the website via **"My Pension Online"**.
- You may also monitor the progress of your case in **'Track my Case'** on the website.

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(continued overleaf)

Please read the accompanying notes before completing this form.

How to Complete the Application Form

Notes for the applicant

Part A General

To satisfy the criteria for early retirement on grounds of ill health, you must provide medical evidence that demonstrate that you have become permanently incapable because of a recognised medical condition to undertake any teaching, including part-time teaching, until your normal pension age. This evidence will be considered by the DfE Medical Advisers who will make a recommendation to the Secretary of State.

Copies of any reports from specialists, and confirmatory test results that are available to the doctor completing the medical information form should be enclosed with your application.

The Medical Advisers to the Pension Scheme rely exclusively on what you submit and will not seek further medical evidence. Generally, cases where there is insufficient evidence will be rejected. You should ensure that the doctor completing the form includes all of the relevant information when completing the form.

Teachers' Pensions are not responsible for the payment of any medical fees. You or your employer will be responsible for any fees for completing the medical information form or providing reports.

If you're in pensionable service, or left it less than 24 months ago, please complete Part A of the application form and send the complete form to your current or previous employer. Ask them to complete Parts B & C of the form and return the form to you. You should also arrange for the medical information form to be completed to accompany the application form. Once both forms are ready, you should send all documents to Teachers' Pensions.

Part A: section 1:

Information about the member should be completed by the applicant.

Teachers' Reference Number: This is a seven digit number and is your unique teacher reference (you may also know it as your DfE number).

Date of Birth: If verification of date of birth is required, we will contact you on receipt of your application

Question 12: You are considered to be in **pensionable service** when you are receiving at least half pay or are in receipt of statutory maternity, paternity, adoption or parental pay.

Question 13: You are considered to be in **eligible employment** if you are in an employee / employer relationship, even if you are unpaid, but still under a contract of employment.

'Eligible employment' (i.e. an employment covered by the TPS regulations) includes **'pensionable service'** where a member:

- (a) Receives a salary in full in respect of that employment;
- (b) is in a period of adoption leave, maternity leave, parental leave, shared parental leave or paternity leave ('Family leave') and receives;
 - (i) at least half of their salary in respect of that employment; or
 - (ii) statutory pay; or
- (c) is on sick leave and is receiving at least half of their salary in respect of that employment.

Part A: section 2:

To be completed by the applicant in all cases

Part A: section 3:

Provide information about any employment outside of teaching, to be completed by the applicant in all cases.

Part A: section 4:

Question 1 & 2: Ill health benefits are not payable where pensionable employment ceased on or after 1 April 1997 and the Secretary of State has made a notification in writing that they're considering the exercise of their powers under Section 142 of the Education Act 2002 or the National College for Teaching and Leadership (NCTL) or the General Teaching Council for Wales has made a prohibition order in relation to the person on the grounds of unacceptable professional conduct or a conviction (at any time) for a relevant offence.

(continued overleaf)

How to Complete the Application Form *(continued)*.

Questions 16 - 18: 'Stepping down' relates to a member of the career average 2015 scheme who moves to a lower paid post on account of illness. This includes translation members with previous benefits in the 2010 final salary Scheme who have moved into the 2015 Scheme, although any step down which took place whilst in the 2010 Scheme will not apply. Where a 2015 member subsequently applies for retirement benefits on account of ill-health and receives an enhancement (total incapacity pension) in addition to their accrued benefits, a notional salary is used based on their pensionable earnings prior to the stepping down election, which is then indexed with inflation. To meet the stepping down condition, the illness at the date of the stepping down must be wholly or partly related to the illness at the date of the ill-health retirement application.

This provision does not apply to 'protected' members who remain in the 2010 final salary Scheme who take a lower paid post. Members continuing in the final salary Scheme will have an element of protection from a step down in salary via the best 3 years revalued average salaries in the last 10 years prior to leaving pensionable service.

Part A: section 5: The applicant should read the Declaration carefully, before the Declaration is signed and dated.

Part B: Section 1: Information about member should be completed by the employer in all cases

Part B: Section 4: Stepping down on account of ill health

Question 11: This question is applicable to both individuals who are in the Final Salary 2010 scheme or the Career Average 2015 scheme when they apply for ill health benefits. This will assist in assessing the impact of the medical condition on the individual's employment.

Questions 12 and 13: These questions relate only to members of the Career Average 2015 scheme who have taken a step down in the rate of salary on account of ill health whilst they have been in the Career Average scheme.

Part C: The employer is required to sign the certificate in part C and complete all the boxes where applicable.

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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