

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

- By completing and submitting this form, you are acknowledging that information pertinent to your application, including the reasons as to how or if you meet the criteria for ill-health retirement, will need to be shared between relevant third parties and the Department for Education (DfE) for the purposes of the administration of the scheme, and you give your explicit consent for this to happen. The DfE will not share your personal data with other third parties unless it is required to do so by law.

Signature

Date

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

General Data Protection Regulation (GDPR). 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. For more information on how we will use your data, go to www.teacherspensions.co.uk/public/privacy.

Please return to us at:
Teachers' Pensions
PO Box 402 Darlington
DL1 9UX

www.teacherspensions.co.uk

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

Part B: To be completed by a medical professional.

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? Yes No
If so, please provide details.

3. Name of medical professional (in capital letters)

7. Full address

4. Position

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

Postcode

6. Email address

I hereby confirm that the details contained in Part B are correct to my knowledge and belief.

Signature

Date

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

Part C: To be completed by the employer.

Certification

Section 1: Employment details.

Please tick below as appropriate.

I certify that the teacher moved to a lower paid salary rate 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 D M Y	End Date D M Y	Full-time or equivalent annual rate of pensionable earnings (£)	Proportion of full-time contract
Before stepping down		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
After stepping down		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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. Email address

6. Please indicate type of establishment (Please tick)

Local Authority school/college

Academy

Independent school / college

Other

7. Full address

Postcode

Signature

Date

Please read the accompanying notes before completing this form.

How to complete this 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 prior to the stepping down in salary rate, indexed in line with inflation. A person may qualify for stepping down provided that medical information at the time of the medical condition is supplied and the condition is linked to the illness of the time of the Ill-Health application.

Part A - Notes for member

Please complete all of the sections regarding the stepping down and then sign and date the member's 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 such time that an ill-health retirement application is made. If you are awarded total incapacity enhancement, this will be based on your full-time equivalent salary rate prior to stepping down, indexed in line with inflation.

Please complete all of the sections in Part A. We recommend that once all parts of the form are completed, you retain a copy of the election and submit this with your Ill-health retirement application.

Part B - Notes for Medical staff

Medical information and employment impact

- Please complete these sections to demonstrate how the illness has affected the member's employment resulting in a reduction in the salary rate.

Part C - Notes for the employer

Employment details

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

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 forward the form to Teachers' Pensions and retain a copy of this form on your file until the member applies for Ill-health retirement.
- Please be aware that Ill-health stepping down does not include reductions in salary rate on account of a reduction to half pay or nil pay during long term absence. In these cases, the full-time equivalent salary rate should be unaffected anyway.
- 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.

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