

# Stepping Down in Salary Rate 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 C to certify the reduction in pensionable earnings. Medical information will also need to be attached and a medical professional will need to complete part B.

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 rate of salary 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 will be needed if you have stepping down in salary rate in more than one employment. There is no need to complete this form if you have remained on the same rate of salary but reduced your hours of work, as any enhancement to ill-health benefits is based on the full-time equivalent of the annual rate of pensionable earnings.**

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

### Section 1: Personal details

- |  |   |
|--|---|
| 1. <b>Teacher's reference number</b> (example 99/99999)<br>/                         | 9. <b>Telephone number</b> (Including STD code)   |
| 2. <b>Surname</b> (one character per box)  | 10. <b>Mobile telephone number</b>  |
| 3. <b>Former surname</b> (if any)  | 11. <b>Personal email address</b>   |
| 4. <b>First name</b>   | 12. <b>Last day of service at the (higher paid) post prior to the reduction in salary rate (DD/MM/YYYY)</b>   |
| 5. <b>Title</b> (please tick, or state if other)<br>Mr    Mrs    Miss    Ms    Other | 13. <b>Date of taking up lower salary rate as a result of ill-health (DD/MM/YYYY)</b>   |
| 6. <b>Date of birth (DD/MM/YYYY)</b>   | 14. <b>Have you reduced your hours?</b> (If so, please give details)  |
| 7. <b>National Insurance number</b>  | 15. <b>Details of medical condition causing the reduction in salary rate</b>  |
| 8. <b>Contact address</b><br><br>Postcode  | 16. <b>Medical information from my occupational health physician, my general practitioner or other medical practitioner is required in support of my stepping down election. This is attached.</b><br><br>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                      2 – Head of Year/Subject / Discipline                      3 – Deputy Head/Vice Principal  
    4 – Head Teacher/Principal                      5 – Supply Teacher                      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                      2 – Head of Year/Subject / Discipline                      3 – Deputy Head/Vice Principal  
    4 – Head Teacher/Principal                      5 – Supply Teacher                      6 – Other (Please provide details)

*Continue overleaf*

**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](http://www.teacherspensions.co.uk/public/privacy).

**Please return to us at:**  
 Teachers' Pensions  
 PO Box 402 Darlington  
 DL1 9UX  
**[www.teacherspensions.co.uk](http://www.teacherspensions.co.uk)**

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

**Section 3: Member's 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 occupational therapist, my general practitioner or other medical practitioner to support this stepping down election.
- By completing and submitting this form, I am acknowledging that information pertinent to my application, including the reasons as to how or if I 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 I give my 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 (DD/MM/YYYY)**

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.

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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. You can add a separate sheet if necessary.**

**2. Has the member consulted with an occupational health advisor regarding the stepping down in employment? Yes No**  
If so, please provide details. You can add a separate sheet if necessary.

**3. Name of doctor** (in capital letters)

**7. Email address**

**4. Position**

**8. Full address**

**5. GMC number**

**6. Telephone number** (inc. STD code and extn.)

Postcode

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

**Signature**

**Date (DD/MM/YYYY)**

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

**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.
- 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, Independent schools and Colleges, the certificate must be signed by a responsible officer of the governing body. This cannot be a member of the teaching staff. Governors and Head Teachers of Local Authority schools (e.g. foundation and voluntary aided schools) cannot sign this certificate. It must be completed by the Local Authority. Only independent schools and Academy/ Free schools can sign the certificate on behalf of an individual establishment.
- 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.

**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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