

## Application for Ill-health Retirement Benefits

Before completing this form, please read the attached notes which provide general guidance on completing the Ill-health application. Please also read the Ill-health Retirement Factsheet on the website. You must complete more than one application if you've had two or more employers in the last 2 years.

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 until we receive the relevant details. The application will only be considered when this form and the 'Medical Information Form' with supporting medical evidence has been received by Teachers' Pensions. **If you are already in receipt of Actuarial Adjusted Benefits or other pensions for the same service, you will not be able to apply for Ill-health benefits. If you've a phased award and still have service in the Scheme you can apply for Ill-health retirement.** Please complete this form using black ink and in BLOCK CAPITALS.

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

#### Section 1: Personal details

- |   |  |
|---|--|
| <p>1. <b>Teacher's reference number</b> (example 99/99999)</p> <p style="text-align: center;">/</p> <p>2. <b>Surname</b> (one character per box)</p> <p>3. <b>Former surname</b> (if any)</p> <p>4. <b>First name</b></p> <p>5. <b>Title</b> (please tick, or state if other)</p> <p>Mr   Mrs   Miss   Ms   Other</p> <p>6. <b>Date of birth</b> (DD/MM/YYYY)</p> <p>7. <b>National Insurance number</b></p> <p>8. <b>Contact address</b></p> <p>Postcode</p> <p>9. <b>Home telephone number</b> (inc. STD code)</p> <p>10. <b>Mobile telephone number</b></p> <p>11. <b>Personal email address</b></p> | <p>12. <b>Are you in pensionable service?</b><br/>(See notes for definition of pensionable service).</p> <p>Yes   No</p> <p><b>Are you in eligible employment?</b><br/>(See notes for definition of eligible employment).</p> <p>Yes   No</p> <p><b>If no, when did you leave eligible employment?</b><br/>(DD/MM YYYY)</p> <p>13. <b>Have you been employed by more than one teaching employer in the last two years?</b></p> <p>Yes   No</p> <p>If yes, please provide a separate Ill-health application for each employer. This is to ensure compliance with Data Protection regulations.</p> <p>14. <b>Do you wish to take serious ill-health lump sum due to reduced life expectancy?</b> (i.e. less than one year)</p> <p>Yes   No</p> <p>Please note that any decision to take a serious ill-health lump sum is irrevocable once the benefit goes into payment.</p> <p>15. <b>If you are a member of the Career Average 2015 Scheme, have you had a step down in salary rate on account of ill-health with your current employer(s)?</b> (See notes)</p> <p>Yes   No   Not applicable</p> <p>16. <b>Have you had a step down in salary rate on account of ill-health with a previous employer as a member of the Career Average 2015 Scheme?</b> (If yes, please attach details)</p> <p>Yes   No   Not applicable</p> <p>17. <b>Have you made a stepping down election on account of ill-health as a member of the Career Average 2015 Scheme?</b> (If yes, please attach a copy)</p> <p>Yes   No   Not applicable</p> <p>If no please complete and return a <a href="#">Stepping Down Election</a>, signed by the relevant employer.</p> |
|---|--|

**Part A: To be completed by the applicant or their representative in all cases. (Continued)**

**Notes:** If you have had more than one employer within the last 3 years and space does not allow, 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 taught and qualified to teach** **2. Full name and type of establishment(s) employed within the last 3 years. Please use duplicate pages if necessary.**

**3. Job role/title including subjects and age range taught within the last 3 years**

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  
 4 – Head Teacher/ Vice Principal      5 – Supply Teacher      6 – Other (Please provide details)

**4. If you've had more than one employer in the last 2 years, have you completed a separate application for each employer? (This is to ensure compliance with Data Protection regulations).**

Yes      No      Not applicable

**Section 3:**

- 1. Have you been employed outside teaching?** **4. Name of employer/self-employed**

(If yes, please provide details of your service and employer and complete questions 2-14). If not please go to section 4.

Yes      No

- 2. Do you work full or part-time?** **5. Address of Employer**

Full-time      Part-time

If part-time, how many hours per week?

hours

- 3. Job title and brief description** Postcode

**Notes:** If you have had more than one employer within the last 3 years please complete a separate application for each employer.

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

**Notes:** If you have had more than one employer within the last 3 years and space does not allow, please provide their names and addresses on a separate sheet together with the periods of employment with each employer. These questions are asked as it helps the medical advisor to understand what roles you could possibly undertake outside of teaching, and thus helps them to determine whether you meet the total incapacity criteria.

**Section 3 continued:**

6. Please provide the date you started this employment (DD/MM/YYYY)
7. Are you still employed in this job?  
Yes      No
8. If part-time, how many hours per week do you work?  
hours
9. Are you currently on sick leave?  
Yes      No
10. If, so when did the sick leave start? ( DD/MM/YYYY)
11. If you are currently in nil pay because of the length of the sick leave when did your paid sick leave end?  
(DD/MM/YYYY)
12. Have you terminated your employment? If so, from what date? (DD/MM/YYYY)
13. If you are still employed, is it your intention for the employment to cease in the near future?
14. If you are or could have chosen to pay superannuation contributions in respect of this type of work which pension scheme would they be paid to?

## Part A: To be signed by the applicant or member's representative if applicable. (continued)

### Section 4: 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 early 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 General Data Protection Regulation (GDPR).
- I understand that if I am under investigation my application will not be accepted at this time, but it will be retained on file. I also understand that I must advise Teachers' Pensions as and when the investigation concludes in order to re-start the application process.
- I consent to any such reports being made available to the DfE's Medical Advisers and any other authorised personnel.
- I acknowledge that if I apply for a serious Ill-health lump sum, once the benefit is paid, it cannot be returned to the Teachers' Pension Scheme if I subsequently regain my health.
- All the information I have given on this form is true to the best of my knowledge.
- I have read the attached notes and the Ill-health Retirement guidance [factsheet](#)
- I understand that my application will not be considered unless this form and the 'Ill-health Retirement Medical Information Form' have been received, together with relevant medical reports. I understand that my application is treated as being made on the date that all completed documents are received.
- I understand that if I have been out of employment for more than 2 years, a witness is required to sign in section 5.
- 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.

**Member signature**

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

**If the member is physically or mentally incapable of signing the above, the section on the following page needs to be completed by the person(s) named on a Court of Protection/ Power of Attorney. Full documentation needs to be enclosed with the application.**

(continued overleaf)

**Part A: To be signed by the applicant or member's representative if applicable. (continued)**

**Details of representative where there is Court of Protection/  
Power of Attorney**

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

5. **Contact telephone number** (inc. STD code)

2. **First name**

6. **Mobile telephone number**

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

7. **Personal email address**

Mr    Mrs    Miss    Ms    Other

4. **Contact address**

8. **Date that the Court of Protection order or Power of Attorney came into force (please include a copy of the document)**

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

Postcode

**I hereby confirm that the information contained in Part A is correct to best of my knowledge and belief.**

**Signature**

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

**Note:** If more than one attorney signature is required please photocopy and return with a separate signed declaration.

*(continued overleaf)*

## Part A: To be completed by the witness.

### Section 5: To be completed by the witness (not a relative or nominated partner) for applicants who have been out of teaching employment covered by the Teachers' Pension Scheme for over 2 years.

- I certify that the declaration signed by the person who I believe to be the applicant (either the member or the member's representative), was signed on this day, in my presence.

Signature

Date (DD/MM/YYYY)

1. Name

4. Contact address

2. Home telephone number (inc. STD code)

3. Personal Email address

Postcode

5. Relationship to member

#### Notes: All relevant parts of the form must be completed.

Please read notes in 'Part A General' to determine whether the application needs to be sent to your employer so that Parts B and C can be completed. If applicable, once the employer has completed Parts B and C, you can either:

- ask the employer to send the application on your behalf with the Medical Information Form and all supporting medical evidence. This is what happens in respect of most Ill-health applications; or
- ask the employer to return the form to you to send on to Teachers' Pensions.

If the application does not require Parts B and C to be completed by the employer, please send this application, the completed Ill-health Medical Information Form and the medical reports to Teachers' Pensions.

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**'.

**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).

#### If directed to send by member, please return to us at:

Teachers' Pensions  
PO Box 402 Darlington  
DL1 9UX

[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.

**Notes:** If the applicant is **still in pensionable service**, or **ceased to be in pensionable service within the last 2 years** 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 in part A 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 barred 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.**

### Section 3: Member / Establishment information

**1. Teacher's reference number**

/

**2. Member's first name**

**3. Member's surname**

**4. Date of birth (DD/MM/YYYY)**

Verified?      Yes      No

**5. Establishment number**

/

**6. Establishment name**

**7. Establishment address**

Postcode

*(continued overleaf)*

**8. Is the teacher in eligible employment (with the exception of opted out members)? I.e. Is there a continuing contractual arrangement between the employer and the member? If no, please confirm the last date of eligible employment.**

Yes      No      Date

**9. Does the teacher have a supply or zero hours contract. If yes which one?**

No      Zero Hours      Supply Contract

**Do you consider this teacher to have an employment contract?**

Yes      No

**If the answer is yes, do you consider that there is a continuing contractual relationship?**

Yes      No

**Remember: Teacher benefits cannot be paid until the teacher's contractual relationship ceases.**

**For supply teachers or zero hours contract teachers please advise the last date the member actually worked and was paid a salary.**

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

**Note:** If the member is a supply teacher, there would still need to be an ongoing contractual relationship with the establishment. Being on a supply list does not necessarily mean there is a contractual relationship.

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

**10. 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.)

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

**12. Impact on working patterns on account of ill-health. This question relates to Final Salary (2010) and Career Average (2015) Scheme members. 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)
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**For Career Average members only**

**13. Has a formal stepping down election previously been provided?** Yes      No      Not applicable

**Note: If the member had a step down in salary rate as a member of the Career Average arrangement, please complete a 'Stepping Down in Salary Rate Election', if you've not already done so.**

**14. 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 full-time equivalent salary rate? The step down in the salary rate must have occurred whilst the member was in the Career Average Scheme. (Please attach a copy of any stepping down election)**

Yes      No      Not applicable

*(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. Please separately indicate full, half and no salary periods with exact start and end dates.

**15. 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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Please read notes in the 'How to Complete the Application Form' section, before answering questions 15 and 16

**16. Was or will ill-health be one of the factors in the teacher leaving pensionable service?**

Yes      No      If you tick no, please state a reason

**17. a) Will this teacher receive notice pay at the end of their contractual employment?**

Yes      No      Unknown

**b) Will the notice pay (e.g. 12 weeks of salary) be under the person's contract of employment and therefore pensionable?** If yes, please provide details on page 10.

Yes      No      Unknown

**c) Is a single payment being made in lieu of notice, unrelated to a period of service? This will be non-pensionable. Please note, you cannot tick 'yes' here, if you have already ticked 'yes' in 16(b).**

Yes      No      Unknown

*(continued overleaf)*

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

### 18. Service and salary information prior to leaving eligible employment

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

**Please include details for the previous Scheme years (01 April - 05 April, 06 April - 31 March) and your current year up to the last day of pensionable employment.** Failure to do so will result in a delay in processing and payment of the award.

- Please ensure that a leaver return is completed as soon as the teachers last day of employment is known.
- Please ensure that no further MDC returns are made in respect of service after cessation date.
- **The member's service record will not be updated using this information. This is purely to establish if the member will transition into the Career Average arrangement and whether it is an in service or out of service application.**

Full time/ Part time Indicator (FT, PT, PTIC)	LA No.	Estab. No.	Start date (dd/mm/yy)	End date (dd/mm/yy)	Role Identifier	Full-time annual salary rate (£)	Part-time earnings (£)	Days excluded	Additional Pensionable payments (£)	Overtime (Gross Amount in £'s)	Withdrawal Indicator (W)
FT	123	4567	01/04/19	05/04/19	1/1	27,000					
FT	123	4567	06/04/19	30/04/19	1/1	27,000					W
PTR	123	4567	01/05/19	31/05/19	2/1	25,000	1,000				
PTR	123	4567	01/06/19	30/06/19	2/1	25,000		30		50	W
PTIC	123	4567	01/07/19	31/07/19	3/1	25,000	500		100		

**Full-time/Part-time Indicator** - Full-time (FT), Part-time Regular (PTR) and Part-time Irregular (PTIC)

**Start date and End date** - both dates should be in the same calendar month

**Role Identifier** - this should be provided by MCR employers only and contain a forward slash separating the contract from the role (for example 1/1)

**Part-time Earnings** - should be the actual part-time earnings for the period stated in the service line

**Days Excluded** - should only be provided if the member has not worked in the period stated

**Additional Pensionable Payments** - include Bonus and Out of School Learning Activity (OSLA) payment

**Overtime** - paid in the service period stated

**Withdrawn** - a 'W' should be provided where the member has left the Role Identifier contract provided.

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

Full time/ Part time Indicator (FT,PT, PTIC)	LA No.	Estab. No.	Start date (dd/mm/yy)	End date (dd/mm/yy)	Role Identifier	Full-time annual salary rate (£)	Part-time earnings (£)	Days excluded	Additional Pensionable payments (£)	Overtime (Gross Amount in £'s)	Withdrawal Indicator (W)

**19. Is there any pensionable teaching service still to be paid up to the end of the member's contract?**

(See note on Part B, question 19 of the section headed 'How to Complete the Application Form'.)

Yes      No

If yes, and details known please provide an expected date of cessation of pensionable teaching service. If unknown, we will issue a further form if member is accepted.

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

**20. Is the teacher still delivering lessons, classes, lectures, tutorials etc.?**

Yes      No

If yes, when is the member due to cease this activity?

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

**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, 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.**

### Section 1: 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 provide Teachers' Pensions with service and salary details relating to future pensionable termination payments (not in lieu of notice) not detailed in Part B of this form.

Signature

Date (DD/MM/YYYY)

1. **Name of authorised officer** (in capital letters)

2. **Position**

3. **Contact number** (inc. STD code and extn.)

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

5. **Email address/ admin contact**

6. **Please indicate type of establishment** (Please tick)

Local Authority schools (which includes foundation or voluntary aided schools/ colleges)

Academy

Independent School or independent college

Other (please specify)

7. **Full address (including establishment name)**

Postcode

*(continued overleaf)*

**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 the application as is appropriate.**

**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).

**If directed to send by member, please return to us at:**

Teachers' Pensions  
PO Box 402 Darlington  
DL1 9UX

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

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

**8. If the establishment has a separate payroll provider, do you agree that we can send the paperwork directly to that company (as opposed to yourselves forwarding it on).**

Yes                  No

**If yes please provide a contact name, the full postal address of the payroll company and the telephone number for contact purposes.**

**Name of contact** (in capital letters)

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

**Postal address**

Postcode

**Email address of payroll provider**

**Notes: If you have agreed to us contacting a payroll provider and are in the process of changing payroll providers it is your responsibility to provide us with the new details to avoid us contacting the wrong company. Please contact us immediately on [TPillhealth@teacherspensions.co.uk](mailto:TPillhealth@teacherspensions.co.uk).**

**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).

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 Teachers' Pensions  
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 DL1 9UX  
[www.teacherspensions.co.uk](http://www.teacherspensions.co.uk)

## Please read the notes before completing the Application Form

### What happens next?

- You may monitor the progress of your case in 'Track my Case' on the website.
- We will notify you via 1st class post of the outcome of your application and explain the next steps. Currently notifications of the outcome are being issued electronically by a secure message on My Pension Online account of a member (applicant).'

### Notes for the applicant

#### Part A General

**Further help: If you need assistance in completing this form or collating the information required we recommend you seek assistance from a third party. A representative may complete the form but it can only be signed by the member unless the representative has Court of Protection or Power of Attorney.**

To satisfy the criteria for early retirement on grounds of ill-health, you must provide medical evidence that demonstrates that you are 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 Teachers' Pensions acting on behalf of the Secretary of State.

This application should be submitted with the 'Ill-health Retirement Medical Information Form'. 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 this application and the medical information form.

The Medical Advisers to the Teachers' Pension Scheme rely exclusively on what you submit and may 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 die within 5 years of your pension coming into payment a Supplementary Death Grant will be paid, constituting 5 years' worth of pension minus pension paid to date. This Guaranteed benefit is subject to a check against your Lifetime Allowance (LTA) and may mean your beneficiaries are left with an LTA charge to pay. If you are close to or have exceeded the LTA you may wish to consider asking for a Pension Protection Lump Sum Death Benefit (PPLSDB) rather than a Supplementary Death Grant, as the PPLSDB is not a benefits crystallisation event and is not assessed against your LTA. You must make a request in writing for PPLSDB to be applied to the Guaranteed payments upon your death.

The role categories for Section 2, question 3 are set by the Department for Education.

#### Applications where the employer needs to complete Parts B and C.

If you're in pensionable service, or left it less than 2 years ago or are still 'on the employer's books', 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 and either ask the employer to send all documents to Teachers' Pensions on your behalf or return the form to you. Whether you or your employer submit the documentation, you MUST ensure that the medical information form is included together with relevant medical reports in support of your application. This may depend on whether the employer's occupational health specialist completes the medical information form and whether you wish to see the information in the medical information form before it is submitted to Teachers' Pensions.

#### Applications where the employer is not required to complete Parts B and C.

If you are not currently in eligible employment, which includes opted out service, or you left pensionable service more than 2 years ago, or are no longer in a contractual relationship with your employer, Part A only of the application should be completed and sent to Teachers' Pensions with the Ill-health Medical Information Form and the relevant medical reports.

**Part A: section 1:** Information about the member should be completed by the applicant or their representative.

**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 following a successful application, we shall notify you in the letters of acceptance.

*(continued overleaf)*

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

**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. 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. If you're a supply teacher you may not be under a contract of employment for days not worked. Being on a supply list doesn't always mean you're under a contract. Please check with your employer. A fuller definition of '**pensionable service**' (which is also part of a person's '**eligible employment**') is where a member:

- (a) Receives a salary in full in respect of that employment; or
- (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.

**Question 14:** Please be aware that once a serious ill-health lump sum is paid, it cannot be returned to the Teachers' Pension Scheme. The service cannot be reinstated. If you are already in receipt of phased retirement benefits, they will continue in payment, but all remaining benefits will be converted into a serious ill-health lump sum. Details about serious ill-health lump sums can be found in the "Ill-Health Retirement Guidance" factsheet on the Teachers' Pensions website.

**Questions 15 - 17:** 'Stepping down' relates to a member of the Career Average 2015 scheme who moves to a lower full-time equivalent salary on account of illness. This includes transition members with previous benefits in the 2010 Final Salary Scheme who have moved into the 2015 Scheme, although any step down in full-time equivalent salary 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 revalued in line 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. Please note, ill-health stepping down does not include reductions in salary on account of a reduction to, say, half or nil pay during long term absence. In these cases, the full-time equivalent salary rate should be unaffected in any case. If you meet these conditions and have not already done so, please complete a 'Stepping Down in salary rate election' available from the Teachers' Pensions website. The medical professional will need to complete Part B and the relevant employer will need to complete Part C of the election.

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 'alternative' average salary definition. This is best 3 consecutive years' revalued average salaries in the last 10 years prior to leaving pensionable service.

**Part A: section 2:** Please complete this section if applicable. To be completed by the applicant or their representative.

**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:** The applicant should read the Declaration carefully, before the Declaration is signed and dated. A representative can sign this declaration if they have Court of Protection or Power of Attorney.

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

**Part B: Section 2:** Please complete this section in all cases.

**Part B: Section 3 Question 8 and 9:** We are required to ask these questions to determine if a member is in active service. Also for supply teachers, these members must be under a contract of employment with the employer. Being on a supply list alone does not constitute a contractual relationship for the purposes of an ongoing employee / employer relationship. If you've any queries about the member's contractual position, please contact your legal advisors.

**Questions 11 to 13:** These questions relate to stepping down on account of ill-health. Please see notes relating to 'Stepping down' in Part A, questions 16 and 17 in respect of Career Average 2015 scheme members.

**Question 11:** This question is applicable to 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 13 and 14:** 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.

**Question 16:** This question asks whether ill-health was one of the factors in the member leaving pensionable employment. Hence, even if a member received a redundancy payment, if the cessation of employment was linked to the person's health, please tick 'yes'.

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

**Question 17:** If a termination payment relates to a period of service, then the payment will be pensionable under the scheme. This includes payments for 'Termination of employment during a period of sick leave'. [See 6.1 of the 'Conditions for School Teachers in England and Wales'.] Details of the service should be entered in 18. If a lump sum payment is made and the member's contract is terminated immediately or after the member has left employment and is unrelated to a period of service, this will be 'pay in lieu of notice' (PILON) and will NOT be pensionable under the scheme.

**Question 18:** Please enter service and salary information known to date.

**Question 19:** This question is particularly important for members who have passed their 'transition date' relating to the 2015 Career Average scheme when the application is received. If there is a pensionable period of service after the transition date (e.g. following a termination of employment during a period of sick leave) and the application is received after the transition date, the application will be considered under the criteria for the 2015 Career Average scheme. Please enter an expected date that pensionable teaching service will cease.

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

**On completion, the employer should return the form either to member or to Teachers' Pensions with the medical information form and relevant medical reports as directed by the member.**