

Date of receipt:

Ill-health Retirement - Medical Information Form

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.

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 you unless the representative has court of protection or power of attorney.

Notes - Payment of fees: Any fee for completing this form will be paid by either the teacher's employer, if in service, or the applicant if they have left teaching service. This form must not be forwarded to Teachers' Pensions without the accompanying member application.

Action needed: If you are an active member or left teaching employment within 2 years of this application, please forward this form, together with your application form to your employer who will then forward all documentation to Teachers' Pensions.

Alternatively, you can arrange with the employer or a third party representative to return this form to you for you to arrange for all the documentation to be sent to Teachers' Pensions. Otherwise, if you left teaching employment more than 2 years ago please return the fully completed form, along with the Application for Ill-health Retirement benefits, to Teachers' Pensions. **Further notes can be found at the back of this form.**

Translation fee: If this form is being completed by or on behalf of a member currently living overseas please be aware that there may be charges applicable if the form (or supporting information) needs to be translated.

When completing this form electronically, please don't go beyond the spaces available, as the form is scanned onto our system, meaning any information outside the boxes will not be picked up.

Section 1: Personal details

- | | |
|---|---|
| <p>1. Teachers' Pensions reference number (example 99/99999)</p> <p style="text-align: center;">/</p> <p>2. Surname (one character per box)</p> <p>3. Former surname (if any)</p> <p>4. First name</p> <p>5. Title (please cross 'X', or state if other)</p> <p>Mr Mrs Miss Ms Other</p> <p>6. Date of birth DD/MM/YYYY</p> | <p>7. National Insurance number</p> <p>8. Contact address</p> <p style="text-align: right;">Postcode</p> <p>9. Home telephone number (inc. STD code)</p> <p>10. Mobile telephone number</p> <p>11. Personal email address</p> <p>12. Normal Pension Age (Please see notes for guidance)</p> |
|---|---|

(continued 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.

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

www.teacherspensions.co.uk

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

13. Please give details of your illness and how it affects your ability to continue teaching/working. (Please continue on a separate piece of paper if necessary or if you are filling in an electronic form, please continue typing on blank pages provided at the back of the document). Please cross 'X'.

14. Where teaching employment has ceased in the last 5 years were any workplace adjustments, work content or pattern adjustments, increased support or redeployment made before leaving employment? (Please continue on a separate piece of paper if necessary or if you are filling in an electronic form, please continue typing on blank pages provided at the back of the document).

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

15. I wish to have sight of the report provided in Part B before it is submitted to Teachers' Pensions (If yes, you are advised to make arrangements with your employer/Occupational Health to view this report before it is sent to Teachers' Pensions.)

Yes No

17. If you have more than one health professional and will be submitting more than one Part B, please indicate how many additional forms we should expect.

Not applicable

16. I will ensure that all medical reports from specialists relevant to my condition are enclosed.
(Please do not send x-ray, photographs or CD roms)

When completing this form electronically, please don't go beyond the spaces available, as the form is scanned onto our system, meaning any information outside the boxes will not be picked up. There is a blank page at the end of the document for any further information you need to provide.

Declaration

I hereby give my permission for the report in Part B to be supplied to Teachers' Pensions and I confirm that the information contained in Part A is correct to the best of my knowledge and belief.

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.

Date DD/MM/YYYY

Signature

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Part A: To be completed by the member's representative if applicable (continued)

If the member is physically and mentally incapable of signing the declaration then the following section needs to be completed by the person(s) named in the Court of Protection/ Power of Attorney.

Details of representative where there is Court of Protection/ Power of Attorney**18. Surname** (one character per box)**22. Home telephone number** (inc. STD code)**19. First name****23. Mobile telephone number****20. Title** (please cross 'X', or state if other)**24. Personal email address**

Mr Mrs Miss Ms Other

21. Contact address**25. Date that Court of Protection order or Power of Attorney came into force (please include a copy of the document).**

Date DD/MM/YYYY

Postcode

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

Date DD/MM/YYYY

Signature

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

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

26. Please include details of any medical reports and documents you wish to be considered alongside your application. If you require more space please copy this page and return it with the original version of the Medical Information form. Please insert the date in a DD/MM/YYYY format.

Date of report **Name and address of practitioner who completed the document**

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Part B: To be completed by the chosen medical practitioner. If you have more than one medical practitioner please copy section B of this form for each medical practitioner to complete and return it with the original Medical Information form.

Notes: This form is designed to be completed by an Occupational Health Doctor who is familiar with the applicant's medical condition. Alternatively for members who have left employment, or in order to provide additional information, a GP, Specialist or Consultant will need to complete a Part B. More than one Part B may be submitted. **Each medical practitioner should refer to the accompanying Guidance Notes before completing each section of the form.** Ill-health Retirement Benefits are awarded purely on the basis of the information provided. Therefore it is essential that each of the questions below are addressed. Please attach copies of all relevant medical reports that might assist in considering the application. Further notes can be found at the back of this form. When completing this form electronically, please don't go beyond the spaces available, as the form is scanned onto our system, meaning any information outside the boxes will not be picked up. There is a blank page at the end of the document for any further information you need to provide.

Section 1: Medical conditions

Teacher's full name:

Teacher's reference number:

/

(can be found in section 1, question 1)

1. Please list all of the relevant currently diagnosed medical conditions and previous related conditions giving the date of onset for each.

Date of onset

2. What is the history of this/ these condition(s) and when did it/they cause impairment preventing the applicant from teaching?

3. Please provide details of the reported symptoms, objective clinical findings and results of investigations, for each of the above medical condition(s).

4. Please describe how the condition(s) affects the applicant's general health and capability.

(continued overleaf)

Part B: To be completed by the chosen medical practitioner. (continued) Please do not go beyond the visible lines.

Section 1: Medical conditions (continued)

5. Please provide details of all relevant treatment the applicant has received for each of the conditions you have previously listed and when these occurred?

6. Please provide details of any other interventions that have been tried, e.g. physical therapy, surgical intervention, psychotherapy or formal counselling.

7. With normal therapeutic intervention, please comment on the likelihood of improvement in functional abilities before normal pension age. (Notified by the member in Section 1, question 12.)

8. Please explain how the relevant medical condition(s) impact(s) on the applicant's ability to carry out the normal role. This question refers to any role relevant to the applicant's skills, qualifications and experience, in any relevant setting, full or part-time.

(continued overleaf)

Part B: To be completed by the chosen medical practitioner. (continued) Please do not go beyond the visible lines.

Section 1: Medical conditions (continued)

9. Please describe what efforts at rehabilitation, workplace adjustment, work content or pattern adjustment, increased support or redeployment have been considered and/or made in this case and when these occurred?

10. Does the current incapacity arise out of any unresolved workplace issues? If so, please explain.

11. Please summarise the evidence you consider to be relevant to the applicant's future ability to carry out their normal or adjusted duties. The question refers to any role relevant to the applicant's skills, qualifications and experience, in any relevant setting, full or part-time.

12. Please summarise the evidence you consider to be relevant to the applicant's future ability to carry out any regular full-time or part-time employment. It is essential that this question is answered in all cases.

Part B: Terminal illness and harmful information

Notes: Your report will be treated as confidential. However, it is subject to the data protection act (subject access modification) (health) order 2000. If you consider that any information in your report is likely to be harmful to the applicants' health, for example, life expectancy, please include this in a separate envelope clearly marked 'Harmful Information'.

13. Does the applicant have a medical condition that has a serious impact on life expectancy? Please cross 'X'.
(If yes, and information is available, please include a copy of the relevant specialist's report.)

Yes No

14. Is the applicant's life expectancy less than one year?

Yes No

15. Is the applicant aware of the diagnosis?

Yes No

16. Is the applicant aware of the prognosis?

Yes No

Details of the chosen doctor and declaration. Please note only a GMC registered doctor should complete this form.

17. Name

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

18. GMC Number

21. Email address

19. I am this person's (Please tick)

Occupational physician / Accredited specialist

General Practitioner

Hospital Doctor / Accredited Hospital Specialist

22. Address of medical professional completing Part B

Postcode

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

Date DD/MM/YYYY

Signature

GMC Registered Doctor

Notes: Other medical practitioners can provide accompanying medical evidence.

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What happens next?

- 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.

How to Complete the Application Form.

Guidance for applicants

The Medical Advisers to the Teachers' Pension Scheme rely exclusively on what you submit and will not seek further medical evidence. It is therefore essential that the evidence provided is comprehensive. When a medical condition is severe enough for Ill-health Retirement to be considered, it is generally expected that the applicant will have had the benefit of a specialist opinion during their illness. In addition for those in teaching employment, the work and health aspects of the condition should have been considered by an occupational health professional. If you are no longer employed and do not have access to previous occupational health physicians, please arrange for Part B to be completed by your medical practitioner. More than one Part B can be completed, if required, in support of your application.

The medical practitioner should provide as much information relevant to your medical condition as possible. If necessary, please download multiple copies of Parts B of the Medical Information form for completion by each relevant health professional and submit with original copies of this form. If reports from specialists, and confirmatory test results are available, copies should be enclosed with this application.

You'll need to put your supporting medical evidence in the correct order so that the medical assessor can correctly interpret the evidence; don't use photos of documents as we have to scan them onto your record and the quality is poor, and this means we're going to have to get in touch with you to ask for 'proper' photocopies / originals. Not doing this will delay the decision making process for your application.

Assistance may be required from a third party in completing Part A or in collating the relevant medical information. Part A must be signed by the member unless a third party has power of attorney or court of protection.

Guidance for medical practitioners

Advice for Medical Practitioners providing information to support an application for Ill-health Retirement benefits

Certain criteria need to be satisfied for an Ill-health application to be accepted.

A) Member in eligible employment or has been in pensionable service in the last 2 years.

If a member of the Teachers' Pension Scheme has health problems, the employer should arrange for occupational health support to look at ways to help them remain in or return to work, in line with the requirements of Disability Discrimination legislation. Ill-health retirement should be a last resort.

Criteria for in-service Ill-health Retirement benefit and total incapacity enhancement

In order to be considered for accrued ill-health benefit and incapacity enhancement, a member must:

1. Be under normal pension age;
2. Have at least two years' qualifying service;
3. Have made a valid application received by Teachers' Pensions within 2 years of leaving all pensionable service or before leaving all eligible employment, which includes any period of authorised non-pensionable sick leave;
4. Include appropriate medical evidence and medical reports that will enable Teachers' Pensions, after taking advice from the Department's medical advisor, to determine whether the person meets the 'incapacity condition' (permanently incapable of teaching) and the 'total incapacity condition' (permanently incapable of any gainful employment); Note: If a person meets the 'incapacity condition' but not the 'total incapacity condition' the Ill-health retirement pension will be based on service accrued up to the date of leaving.
5. Have arranged for the application to be certified by the employer;
6. Have left, or will leave all pensionable service because of 'incapacity'; and
7. Have suffered from an incapacity at the point of leaving pensionable service that is linked to the medical condition at the point that the application for the Ill-health Retirement was made.

How to Complete the Application Form. (continued)

B) Member is no longer in eligible employment or the member left pensionable service more than 2 years ago

As the member may no longer have the assistance of their previous employer(s) or health physician(s), please complete Part B, providing as much information relevant to the medical condition as necessary. If more than one relevant medical professional is submitting information please use and attach multiple copies of Part B to this form. The additional medical information should be sent with this form to Teachers' Pensions.

Criteria for 'out-of-service' Ill-health Retirement benefits

For members who do not meet the criteria set out in points 3, 5 or 7 on page 9 an Ill-health Retirement pension based on pensionable service accrued up to the date of leaving is only payable if the member meets the 'total incapacity condition' i.e. permanently incapable of any gainful employment.

Further notes for members

Part A: Section 1: Personal details

Information about the member should be completed by the applicant or their representative.

Point 1: Teacher's Reference Number: This is a seven digit number and is your unique teacher reference (you may also know it as your DfE number).

Point 12: Normal Pension Age: To complete this, please access 'My Pension Online' via our website to obtain details of your Normal Pension Age. www.teacherspensions.co.uk/registration. For members of the Career Average 2015 Scheme, the normal pension age is linked to your State Pension Age (SPA) or 65, whichever is higher. Details of your current SPA can be found on the Department for Work and Pensions website.

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

Points 16 and 17: You are required to enclose all medical reports provided by relevant specialists together with other copies of Part B if applicable.

Point 26: Please list all medical reports and documents you wish to have considered with the application. Duplicate copies can be attached if necessary.

Further notes for medical practitioners

Part B: Section 1: Medical conditions

To be completed by an Occupational Health doctor. If this is not possible, the GP, Specialist or Consultant may do so, attempting to answer the occupation related questions as best they can. While both can complete the form, it is preferred that those who are more familiar with the teacher complete it as they may be able to provide more comprehensive evidence.

Questions 1-3 : The Scheme's Medical Advisors are interested in any medical conditions or previous related conditions that could impact on the applicant's capability and the history of these conditions. Sometimes it is the accumulated burden of ill-health from several conditions that tips the balance, sometimes it's a single major condition. You should list all the relevant conditions, including when each condition arose, and any complications of the conditions here. Any appropriate supporting medical evidence should be enclosed with this application but please do not send x-rays, photographs or CD Roms.

Question 4 : The Scheme's Medical Advisors would like to know how the condition(s) impact(s) on the applicant's general health and capability. On the physical side is there an impact on walking, sitting, standing, vision, hearing etc. On the psychological side is there an impact on personality, mood, memory etc. How do any changes affect the applicant in her/his personal life?

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How to Complete the Application Form. (continued)

Question 5: The applicant must have completed all reasonable treatment before the long term impact of the condition can be considered permanent. You must set out the treatment that has been undertaken and any that has been described as inappropriate, along with the reasons. This includes treatment, not only to enable the applicant to return to work, but also any treatment aimed at improving the quality of the applicant's life.

Question 6: This is also about treatment and it is worded to prompt you to mention any other treatment that might be relevant to the applicant's condition(s).

Question 7: On the basis of your assessment and that of any specialist what is the scope for improvement over time, or with treatment, in the applicant's functional ability. This is about the likelihood of the persistence of the condition. Is there, for example, an established pattern?

Question 8: This is a specific enquiry about the impact the condition has on the applicant's normal role. Are they unable to do all of their role or just elements of it? Would they be able to manage part-time work in a similar role? Or work at a different establishment?

Question 9: Bearing in mind the answer to Question 7, has the employer made any attempts at adjustments? If so what has been tried and what was the outcome?

Question 10: By workplace issues we are seeking to understand if events such as interpersonal disputes or disciplinary procedures are an impediment to a return to working and any relevant dates.

Questions 11 and 12: These questions allow you to summarise all the evidence that is relevant to the applicant's case. Whilst the decision will be made by Teachers' Pensions taking account of advice provided by the independent medical advisors appointed by the Department for Education, these questions do allow you an opportunity to highlight and present any evidence based rationale for any opinion you might wish to offer.

Questions 13 - 16: Information about terminal illness or harmful information: Members of the Teachers' Pension Scheme may receive benefits as a serious health lump sum if they have a life expectancy of twelve months or less. If you consider that they have such a reduced life expectancy please indicate that on the form. If you think that this or any other medical information could be harmful to the health of the applicant, please indicate this in your submission and if possible include it in a separate envelope marked 'Harmful Information'.

Questions 17- 22: Medical practitioner details and declaration: The GMC registered doctor should complete all the information requested and sign the declaration. Assessing medical advisors can return Part B forms where they are not completed by a GMC registered doctor. We therefore ask for the form to be completed by a GMC registered doctor, to avoid unnecessary delay in the application being processed.

Fees

Please note that Teachers' Pensions are not responsible for the payment of any medical fees. Any fees for completing this form will be paid by either the employer, if the applicant is still employed, or by the applicant if they have left teaching service.

When the form is complete please forward all parts of the Ill-health Retirement - Medical Information Form and the Application for Ill-health Retirement Benefits, plus supporting documentation and medical reports to:

Teachers' Pensions
PO Box 402, Darlington DL1 9UX

If you have any questions please contact us on 0345 606 6166

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