

Where possible please complete this form through My Pension Online.

The easiest way to submit the ill-health application is by logging on to My Pension Online and navigating to Member Portal > My Requests > Manage Request > Retirement Requests. Alternatively, to submit a paper version, please complete Part A and send this application, the completed 'Ill-health Medical Information Form' and the medical reports by post to Teachers' Pensions, Unit 5, The Beehive, Lingfield Point, Darlington, DL1 1RW. We will initiate the request for your current employer to complete Part B and Part C as appropriate.

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. If you need assistance in completing this form you can speak to your employer. 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.

Part A: To be completed in BLOCK letters by the applicant or their representative in all cases

Section 1: Personal details

1. Teacher Reference Number

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2. Surname

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 (DD/MM/YYYY)

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7. National Insurance number

8. Contact address

Postcode

9. Home telephone number (inc. STD code)

10. Mobile telephone number

11. Personal 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? (DD/MM/YYYY)

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13. Have you been employed by more than one teaching employer in the last two years?

Yes ☐ No ☐

If yes, please provide a separate ill-health application for each employer. This is to ensure compliance with Data Protection regulations.

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.

14. Do you wish to take serious ill-health lump sum due to reduced life expectancy? (i.e. less than one year)

Yes ☐ No ☐

Please note that any decision to take a serious ill-health lump sum is irrevocable once the benefit goes into payment.

15. Have you had a step down in salary rate on account of ill-health with your current employer(s)? (See notes)

Yes ☐ No ☐ Not applicable ☐

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

Yes ☐ No ☐ Not applicable ☐

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

Yes ☐ No ☐ Not applicable ☐

If no and this applies, please complete and return a Stepping Down Election, signed by the relevant 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.

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 - Others (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? (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?

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

6. Please provide the date you started this employment (DD/MM/YYYY)

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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)

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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)

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12. Have you terminated your employment? If so, from what date? (DD/MM/YYYY)

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13. If you are still employed, is it your intention for the employment to cease in the near future?

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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?

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Section 4:

1. Have you been previously barred from duty, or the subject of investigation for any reason?

Yes ☐ No ☐

2. Are you suspended from duty, or are investigations pending for any reason?

Yes ☐ No ☐

3. Have you had any contact with DfE, the Disclosure and Barring Service or Teaching Regulation Agency regarding any suspension/ investigation?

Yes ☐ No ☐

Section 5: Declaration

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

- I am applying 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. 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've read the attached notes and the [Ill-health Retirement guide](#).
- 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 7.
- 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.
- If my application is successful Teachers' Pensions will inform my employer of the award type (tier 1 or tier 2), so that they may inform me of the consequences to my ill-health pension if in the future I return to work. If you do not want this information to be shared please let us know.

Signature

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Date (DD/MM/YYYY)

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

Details of representative where there is a Court of Protection order / Power of Attorney

1. Surname

5. Contact telephone number (inc. STD code)

2. First name

6. Mobile telephone number

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

Mr ☐ Mrs ☐ Miss ☐

Ms ☐ Other

7. Personal email address

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)

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Postcode

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

Signature

Date (DD/MM/YYYY)

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

Part A: To be completed by the witness

Section 6: 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)

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1. Name

4. Contact address

2. Home telephone number (inc. STD code)

Postcode

3. Personal Email address

5. Relationship to member

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 read the notes before completing the Application Form

What happens next?

The easiest way to check the progress of your application is by logging on to My Pension Online and navigate to Member Portal > My Requests > Manage Request > Retirement Requests. If you have not registered to My Pension Online, we will notify you via post.

Notes for the applicant

Part A General

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 a Court of Protection order 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, before 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.

The Medical Advisers to the Teachers' Pensions 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.

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

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

Teacher 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 letter of acceptance.

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 who moves to a lower full-time equivalent salary on account of illness. Where a 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.

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: Provide information about any suspension from teaching, to be completed by the applicant in all cases.

Part A: section 5&6: The applicant should read the Declaration carefully, before the Declaration is signed and dated. A representative can sign this declaration if they have a Court of Protection order or Power of Attorney.