

Stepping Down in Salary Rate Election on account of ill-health



Where possible please complete this form through My Pension Online.

The easiest way to submit the stepping down 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 get Part B completed by a medical professional and then return this application 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 C. The completed form will be held on our records until a future ill-health application is made.

Please read the 'introduction' and the accompanying notes to determine whether this election applies to you.

Introduction: This election relates to members who have moved to a lower rate of salary as a result of an ill-health condition. 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 are 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 in BLOCK letters by the member in all cases.

Section 1

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. Telephone number (Including STD code)

10. Mobile telephone number

11. Personal email address

12. Last day of service at the (higher paid) post prior to the reduction in salary rate (DD/MM/YYYY)

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13. Date of taking up lower salary rate as a result of ill-health (DD/MM/YYYY)

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14. Have you reduced your hours? (If so, please give details)

15. Details of medical condition causing the reduction in salary rate

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16. 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.

Yes ☐

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

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)

Section 3: Member’s Declaration

Any person knowingly making a false declaration may be liable to prosecution.

- 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

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Date (DD/MM/YYYY)

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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.

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3. Name of doctor

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7. Email address

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4. Position

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8. Full address

5. GMC number

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

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Postcode

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

Signature

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Date (DD/MM/YYYY)

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How to complete this form

Conditions for stepping down

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.

A member of the Teachers' Pension 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 member 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.

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.

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