

Introduction - Deferred Member Ill Health Retirement Application Form

If you are a deferred member of the **Teachers Superannuation Order 2011** (the Scheme) and you are no longer employed as a teacher you can use this form to apply for ill health retirement benefits.

To be eligible you must be deemed incapable of any gainful employment in order to obtain ill health retirement benefits. This means that your ability to carry out any type of work is impaired by more than 90% and is likely permanently to be so. The permanency of your condition will be considered on the grounds of probabilities.

Please ensure that you read this form carefully and provide the information as requested.

When you have completed this form, please return it and any other supporting documentation to:

PSPA, Prospect House, 27-29 Prospect Hill, Douglas, ISLE OF MAN IM1 1ET

The decision about your eligibility for ill health retirement benefits will be made by the PSPA on the information provided by your GP or Medical Specialist and the Scheme's Medical Advisers.

Information for Deferred Members applying for Ill Health Retirement Pension

What is ill health retirement?

For deferred members no longer employed in teaching, the Scheme provides ill-health retirement pension that is dependent on the severity of an individual's condition and the likelihood of them being able to work again. In order to receive a pension early on the grounds of ill health, the applicant will need to demonstrate that they have a medical condition that has permanently impaired their earning ability by more than 90%, as such rendering them incapable of any gainful employment, despite appropriate treatment. Permanent means until normal pension age (NPA).

Normal Pension Age (NPA)

The Teachers' Superannuation Order 2011 has two sections of membership, who have a normal pension age of either 60 or 65. Those who were members before 1 January 2007 will have a normal pension age of 60. Those who became members on or after 1 January 2007 will have a normal pension age of 65.

What benefits will be paid?

Benefits will be based upon the service they have accrued up to date of leaving the scheme and will be paid with no reduction for being paid early. Benefits will not be enhanced.

Appeals

The eligibility criteria for awarding an ill health retirement are strict, and not all applications are approved by the PSPA. In the event that your application is not successful or that you are not awarded the Tier of ill health pension you expect, there is an appeals process. You can find out more about this in the Scheme's Ill Health Retirement Factsheet or ask your Scheme Administrator.

Note: Please be aware that paper applications and any associated medical evidence enclosures will be confidentially destroyed shortly after the documents have been digitally scanned. Whilst we do require submission of an original application, we are happy to consider copies of any additional medical evidence enclosures where you wish to retain the original documents.

To be completed by the Applicant

Part A	Personal details
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Title (Mr, Mrs, Miss, Ms, Dr)

Sex:

Male

☐

Female

☐

Surname

Other names

Date of birth

D	D		M	M		Y	Y	Y	Y	
---	---	--	---	---	--	---	---	---	---	--

Address

National Insurance number

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Last date of pensionable
teaching employment

Last annual Full Time Salary

£	
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If you have had more than one employer within the last three years, please provide their names and addresses on a separate sheet together with the periods of employment with each employer

Your Employment Details

A1. Please list all subjects you are qualified to teach.

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A2. Job Role/title including subjects and age range taught						
School Name	Role	Subject Taught	Age Range	Duration Post Held (from-to)		% of Full-Time contracted to work

A3. If you are currently employed outside teaching, please give Job title and brief description of your duties. Please tell us how many hours per week that you are working.

A4. Describe the nature of your illness and how it impacts on your ability to continue working?

A5. Use the space below to record any other information that may be of use in processing this application.

Part B	Releasing your medical information
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The PSPA's Medical Advisers need a report from the GP or Medical Specialist so that it can consider your application for ill health retirement benefits.

Access to your medical report

The Occupational Health Adviser's medical reports prepared for the PSPA to send on to its Medical Advisers are subject to the Access to Medical Reports Act 1988. Under that Act you can either:

- allow your GP or Medical Specialist to send it straight to the PSPA without you seeing it first; or
- ask to see the report before they send it to the PSPA; or
- instruct your GP or Medical Specialist not to send the report to the PSPA at all.

Reports written by a doctor or nurse who has not been involved in your treatment, care or diagnosis are NOT subject to the Access to Medical Reports Act 1988.

If you decide that the report for the PSPA's Medical Advisers can go straight to the PSPA without you seeing it first, you can still ask to see it at any time after they receive it.

The 'Consent' you sign will tell your GP or Medical Specialist whether you wish to see any report they prepare before they send it to the PSPA. The GP or Medical Specialist can withhold all or part of the report from you. But, if they do so for professional medical reasons, they must tell you that they are doing so.

If you think that the report the GP or Medical Specialist has prepared is misleading or incorrect in any way, you can ask them in writing to amend it. The GP or Medical Specialist can refuse to amend the report, but if they do they will invite you to send a letter with your comments that they can attach to the report, before they send it to the PSPA.

Release of medical information and examination by an independent doctor

In order to clarify or confirm certain aspects of your medical condition, the PSPA's Medical Advisers may sometimes need to ask for other medical, or relevant information (e.g. from your GP, Specialist or employer). They may also need you to be examined by an independent doctor. So that these doctors understand what you are claiming for, the PSPA's Medical Advisers might need to pass any or all of the reports and medical or relevant information to them. The PSPA's Medical Advisers will also need to pass all the information it receives to any doctor it employs.

If you do not agree to the release of reports or other information about your medical condition, the PSPA may be unable to consider your application for benefits.

Your Information

The PSPA and its Medical Advisers will only use the information that you have provided on this form for as long as is required by law. Your details will then be removed from both their files. They will not transfer your Personal Data outside the European Economic Area or disclose it to any third party other than for the purposes of detecting and preventing fraud and errors or as required by law. They may contact you to discuss your application by any of the methods you have entered on this form. Please refer to the PSPA's Privacy Notice on website at www.pspa.im for more information on the basis for processing your data and retention periods.

B1. Please provide full details to all the questions in this part.

Your full name

Your home address

<input type="text"/>		
<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

Your home telephone number (inc STD code)

Your mobile telephone number

What is your GP's name?

Dr	<input type="text"/>
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What is the address of your GP's practice?

<input type="text"/>		
<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

What is your GP's telephone number?

Have you seen a consultant or specialist?

No

☐

Yes

☐

Please tell us about the consultant

Name of consultant

Name and address of the hospital where you were last seen by the consultant (or if seen privately, the consultant's private address)

<input type="text"/>
<input type="text"/>
<input type="text"/>

What does the consultant specialise in?

When were you last seen by the Consultant?

B2. Your declaration and consent

I declare that I have read and understood the guidance about the Access to Medical Reports Act 1988 and that the information I have given on this form is correct and complete to the best of my knowledge.

Please answer the following questions: *Please delete as appropriate*

- 1 Do you consent for your GP or Medical Specialist to send your confidential medical information to the PSPA and then to be forwarded to its Medical Advisers? Yes ☐ No ☐
- 2 Do you want to see any report from your GP or Medical Specialist **before** it is sent to the PSPA for sending through to its Medical Advisers? Yes ☐ No ☐
- 3 Do you agree that the PSPA or its Medical Advisers can ask any doctor who has been involved in your care for any information relevant to this claim and, if necessary, to share that information with an independent examining doctor, and in all cases with any other appointed Medical Advisers for the purpose of considering your application? Yes ☐ No ☐
- 4 Do you agree to attend any medical examinations by an independent doctor if necessary? Yes ☐ No ☐

By signing this declaration I consent to the above and understand that the letter advising of the outcome of my request to be considered for entitlement to ill health retirement benefits will be sent by the PSPA to me.

Your signature
(or someone
authorised to sign on
your behalf)

Date

Once completed, please forward on this document on to your GP or Medical Specialist and ask them to complete Part C. Once completed please return to the PSPA Administrators at the address shown on page 1.

Part C	Applicant's Medical Information
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Medical information
C1. Please list all relevant currently diagnosed medical conditions, giving the date of onset for each.

C2. Provide details of the reported symptoms, objective clinical findings and results of investigations, for each of the above medical conditions(s).

C3. Please describe how the condition(s) affects the applicant's general health and capability.

C4. Please provide details of all relevant treatment the applicant has received for each of the conditions you have listed above.

C5. Please describe all relevant therapeutic intervention to date (to currently incapacitating conditions) giving details of the nature of treatments, dates, durations, compliance, response and any adverse effects.

C6. What is the likely future course of this member's health and function, with normal therapeutic intervention, over the period to normal pension age? (Age 60 if a member of scheme prior to 1 April 2007 or age 65 for post 1 April 2007 members)

C7. Please summarise the evidence you consider to be relevant to the applicants future ability to carry out any regular employment. It is essential that this question is answered in all cases.

Please attach copies of any consultant medical specialist reports or case notes which you have in relation to the member's present medical condition which might be useful in processing this application. Access to this information may prevent delays in reaching a decision on this person's application.

Your report will be treated as confidential. However, it is subject to the data protection act. If you consider that any information in your report is likely to be harmful to the applicant's health, for example, life expectancy, please include this on a separate sheet clearly marked Harmful Information.

C8. Terminal illness

Does this member have a medical condition that has a serious impact on life expectancy?

Yes

☐

No

☐

If 'Yes' and information is available from the relevant specialist, please include a copy of their report / correspondence.

Is the member aware of the diagnosis?

Yes

☐

No

☐

Is the member aware of the prognosis?

Yes

☐

No

☐

Please list the papers enclosed with this application:

Please provide the following details as fully as possible about the members consultant.

About the consultant

Name of consultant

Name and address of the hospital where the member was last seen by the consultant (or, if seen privately, the consultant's private address)

<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

What does the consultant specialise in?

What date was the member last seen by the consultant? (if known)

Doctor's details

Full name

Address

	Postcode	
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Telephone number (inc. STD code)

I am this person's Occupational Health Doctor/Nurse

Signature

Date

Please return the Completed form and any supporting documentation to:

PSPA
3rd Floor, Prospect House
Prospect Hill, Douglas,
ISLE OF MAN IM1 1ET

Part D	To be completed by the PSPA Pension Administrators
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Surname (CAPITAL letters please)

Other names

Date of birth

National Insurance number

Earnings and Hours as at Date of leaving Scheme

Scheme Ref No

NPA 60 or 65

Deem Date

Up-rated Annual Earnings

Contracted Hours

Part-time Equivalent Annual Earnings

Current LEL as at claim date

D	D		M	M		Y	Y	Y	Y	Verified					
£											per annum				
£											per annum				

April 2020