

## Public Sector Pensions Authority

# TC7 Deferred Ill Health Retirement Application Form

## Teachers' Superannuation Order 2011 (the Scheme)

Deferred members of the Scheme can use this form to apply for ill health retirement benefits. Current active members must use the Ill Health Retirement Application Form available through the Office of Human Resources.

To be eligible you must be deemed incapable of any gainful employment. This means your ability to carry out any type of work is impaired by more than 90% and is likely permanently to be so. Please ensure you read this form carefully. Once you and your GP and/or Medical Specialist have completed each step in the checklist below, please return the form and any applicable documents to:

PSPA Administrators (Ill Health)  
3<sup>rd</sup> Floor Prospect House  
27-29 Prospect Hill  
Douglas  
Isle of Man  
IM1 1ET

The PSPA will then arrange for their appointed independent Medical Advisors to review the application for the final decision of your eligibility for an ill health retirement. The decision about your eligibility for ill health retirement benefits will be made by the PSPA on the information provided by you and your GP and/or Medical Specialists on your illness, condition and ability to carry out any gainful employment.

**Please note:** any fees for the provision of medical information provided by your GP, Medical Specialists or Consultant in this form will not be met by the PSPA.

**Jargon Buster:** the important terms used in these forms have been defined on page 4 under Ill Health Definitions.

	YES
<b>Section 1 – Before you Complete your Application</b>	
Have you read the ill health retirement factsheet and scheme member guide on how the deferred ill health retirement process works and who is eligible?	
<b>Section 2 – Completing your Application</b>	
Have you completed Part A and B of the application in full?	
Has your GP or Medical Specialist completed Part C in full?	

### Have you enclosed the following identification documents?

Your original Birth Certificate or Passport	
Marriage Certificate or Civil Partnership Certificate (where applicable)	
Spouse, Civil Partner or Dependant's Birth Certificate (where applicable)	

**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.

## Section 1 – Understanding Ill Health Retirement and the Application Process for Deferred Members

### 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.

### How to qualify for ill health retirement

To qualify for ill-health retirement benefits you must meet the following:

- » You must have left the pensionable employment to which your preserved pension rights relate.
- » You must be the normal pension age at which your deferred benefits are payable at.
- » You must be permanently unable to undertake any gainful employment because of illness or injury.
- » The PSPA must determine that you satisfy the following conditions – depending on the severity of your condition:
  - **Deferred ill health pension:** This is given to those deferred members who are deemed incapable of any gainful employment due to ill health or a mental or physical incapacity following medical assessment.

### What benefits does a deferred ill health pension offer?

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.

**PART A – TO BE COMPLETED BY MEMBER MAKING APPLICATION**

*Please provide the following details. Failure to do so may mean your application is delayed or rejected. Please complete in black and PRINT CAPITALS.*

<b>Title</b>	<input type="text"/>	<b>Sex</b>	<b>Male</b>	<input type="checkbox"/>	<b>Female</b>	<input type="checkbox"/>
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**Surname**

**Other Names**

<b>Date of Birth</b>	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<b>Verified?</b>	<input type="checkbox"/>
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**National Insurance Number**

**Address**

**Last Date of Pensionable Employment**

**Last Annual Full Time Salary** £

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.

<b>Your Employment Details</b>	
<b>A1</b>	Please list all subjects you are qualified to teach.
<input type="text"/>	

**A2 – Job Role/Title including subjects and age range taught.**

School	Role	Subject Taught	Age Range	Duration Post Held	% of Full time contracted to work

*If necessary, continue on a separate sheet of paper and staple to this page.*

**A3 – If you are currently employed outside teaching, please give your job title and a 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 the processing of this application.

## Part B – Releasing your Medical Information

Please read the guidance about release of medical information before completing this section, then sign and date the declaration and consent on the next page. Failure to provide information will result in your application being delayed or rejected. Once completed, please return your forms to the address shown on page 1.

### Releasing your medical information

In addition to the information provided in Part C, the PSPA's Medical Advisors may need an additional report from your GP or other medical specialist so that it can consider your application for ill health retirement benefits, in particular your ability to carry out any gainful employment.

### Access to your medical report

The medical reports prepared for the PSPA by your GP or Medical Specialist, to send on to its Medical Advisors to assess your claim, 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 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 Advisors 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. Your 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 your GP or Medical Specialist has prepared is misleading or incorrect in any way, you can ask them in writing to amend it. Your 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 Advisors may sometimes need to ask for other medical, or relevant information (e.g. from your GP, Medical 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 Advisors might need to pass any or all of the reports and medical or relevant information to them. The PSPA's Medical Advisors 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.

### How we use your information

The PSPA and its Medical Advisors 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 its website at [www.pspa.im](http://www.pspa.im) for more information.

<b>B1 – Please provide full details to all questions in this section.</b>				
<b>Your Full Name</b>				
<b>Your Home Address</b>				
<b>Your Home Telephone Number (inc. STD Code)</b>				
<b>Your Mobile Telephone Number</b>				
<b>What is your GP’s name?</b>	<b>Dr</b>			
<b>What is the address of your GP’s Practice?</b>				
<b>What is your GP’s telephone number?</b>				
<b>Have you seen a consultant or specialist?</b>	<b>No</b>	<input type="checkbox"/>	<b>Yes</b>	<b>Please tell us about the consultant</b>
<b>Name of consultant</b>				
<b>Name and address of the hospital where you were last seen by the consultant (or if seen privately, the consultant’s private address)</b>				
<b>What does the consultant specialise in?</b>				
<b>Date when you were last seen by the consultant?</b>				

<b>B6 – Your declaration and consent</b>					
<p>I declare that I have read and understood the guidance about the Access to Media Reports Act 1988 and that the information I have given on this form is correct and complete to the best of my knowledge.</p> <p>Please answer the following questions:</p> <ol style="list-style-type: none"> <li style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="flex: 1;"> <p>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 Advisors?</p> </div> <div style="text-align: right; flex: 0.5;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No                             </div> </div> </li> <li style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="flex: 1;"> <p>2. Do you want to see any report from your GP or Medical Specialist before it is sent to the PSPA for sending to its Medical Advisors?</p> </div> <div style="text-align: right; flex: 0.5;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No                             </div> </div> </li> <li style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="flex: 1;"> <p>3. Do you agree that the PSPA or its Medical Advisors 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 Advisors for the purpose of considering your application?</p> </div> <div style="text-align: right; flex: 0.5;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No                             </div> </div> </li> <li style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="flex: 1;"> <p>4. Do you agree to attend any medical examinations by an independent doctor if necessary?</p> </div> <div style="text-align: right; flex: 0.5;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No                             </div> </div> </li> </ol> <p>I understand that by signing this declaration that the PSPA will consider my application and advise me in writing of the outcome.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 30%; padding: 5px;"><b>Your Signature (or that of someone authorised to sign on your behalf)</b></td> <td style="height: 40px;"></td> </tr> <tr> <td style="padding: 5px;"><b>Date</b></td> <td style="height: 20px;"></td> </tr> </table>		<b>Your Signature (or that of someone authorised to sign on your behalf)</b>		<b>Date</b>	
<b>Your Signature (or that of someone authorised to sign on your behalf)</b>					
<b>Date</b>					

Once completed, please forward this document to your GP or Medical Specialist to complete Part C and once they have done this, they should return the completed form and any supporting documents to the PSPA Administrators at the address shown on page 1.

The PSPA administrators will then complete Part D and carry out their assessment and determination, based on the information provided, for a deferred ill health retirement pension award.



Part C – Applicants Medical Information

**To Be Completed by your GP or Medical Specialist**

It is recommended that before a doctor considers completing this form, they read section 1 on pages 1 to 4 of this form.

**C1 – Please list all currently diagnosed medical conditions giving date of onset for each.**

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

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**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 (to currently incapacitating conditions) therapeutic intervention to date 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)

**C7.3** – Please summarise information 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 documents enclosed with this application:**

Empty box for listing documents enclosed with the application.

Please provide the following details as fully as possible.

About the members consultant

Name of Consultant

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

  
  

What does the consultant specialise in?

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

Doctor's Details

Full Name

Address

  
  
  

Telephone Number (inc. STD Code)

By signing below, I declare that I am this person's GP/Consultant and that the information I have provided is correct to the best of my knowledge and belief.

<b>Signature</b>	
<b>Date</b>	

Completed form to be returned to:

PSPA Administrators (Ill Health)  
3rd Floor Prospect House  
27-29 Prospect Hill  
Douglas  
Isle of Man  
IM1 1ET

Part D – To be completed by the PSPA Pension Administrators

Member Personal Details

**Surname**

**Other Names**

**Date of Birth**

D	D	M	M	Y	Y	Y	Y	<b>Verified?</b>	<input type="checkbox"/>
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**National Insurance Number**

Earnings and Hours as at date of leaving Scheme

**Deem Date**

**Uprated Annual Earnings**

**£** **per annum**

**Contracted Hours**

**%**

**Part-Time Equivalent Annual Earnings**

**£** **per annum**

**Current LEL as at claim date**