

Public Sector Pensions Authority

GUS7 Deferred Ill Health Retirement Application Form

Isle of Man Government Unified Scheme 2011 (the Scheme)

Deferred members of the Isle of Man Government Unified 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.

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)
 3rd 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
Section 1 – Before you Complete your Application	
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?	
Section 2 – Completing your Application	
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

Am I a Deferred Member?

A Deferred Member of the Isle of Man Government Scheme is a person who has preserved accrued rights in respect of a period of pensionable service and is neither an active member nor a pensioner member in relation to the Scheme benefits accrued under this Scheme during the period of pensionable service.

Am I an Existing Deferred Member?

You may also be classed as an Existing Deferred Member of the Scheme, which means that you are a person who immediately before the 1 April 2012 had a preserved deferred pension in respect of your service with an employing authority and where, it was determined by the PSPA that your deferred pension was transferred into the Unified Scheme from 1 April 2012. If you are unsure, then your Pension Administrator will confirm this to you.

What is ill health retirement?

For deferred members, the Scheme provides one level of ill-health retirement which is dependent on the severity of your condition and the likelihood of you being able to work again. This is known as: • Upper tier benefits – provides benefits if you are incapable of Gainful Employment.

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 under age 65 or the normal pension age at which your existing 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?

To be entitled to a deferred ill health pension you must meet upper tier ill health criteria (defined on page 3). Generally, if you are assessed as being unable to carry out any gainful employment, you will be entitled to the early payment of your deferred retirement benefits. Ill health retirement benefits for a deferred member are calculated depending on your deferred status:

For Deferred members: ill health retirement benefits will be calculated using the accrual rate at age 65 in the Standard section (Section 1) unless you are a fire fighter (in which case the age 65 rate in Section 7 is used). This provides benefits at the rate of 1.5% (2.23% for a fire fighter) of Final Pensionable Pay multiplied by your Ill Health Pensionable Service only (i.e. no enhancement to service). Although your benefits are being paid before age 65, they will not be subject to a reduction as a result of this early payment.

For Existing Deferred Members: ill health retirement benefits will be current value of your preserved benefits, as outlined in your annual benefits statement.

Ill Health Definitions

For the purposes of ill health retirement benefits the following expressions have been defined. This reflects the definitions within the Scheme Regulations:

Gainful Employment: means employment, whether with an Employing Authority or not, in respect of which a member's annual earnings equal or exceed the higher of:

- » 20% of the rate of annual earnings applicable to the member on the day before the first day of sickness absence, increased in respect of each 12 month period after that date, in line with the inflationary index used for the pensions increase (Annual Review) Order, made by Treasury and approved by Tynwald; and
- » The annual rate of the Lower Earnings Limit (LEL) determined annually by the Treasury.

Upper Tier Ill Health Criteria: ill health or mental or physical incapacity that renders the person incapable of gainful employment in circumstances where the PSPA, having regard to the medical advice of a Registered Medical Practitioner, determines that:

- » The ill health or incapacity is likely to continue at least until the deferred member is age 65, or age 55 in the case of a Section 7 Member (Firefighter); or in the case of an existing deferred member the normal retirement age that their benefits are payable from.

Deferred Member: A Deferred Member of the Isle of Man Government Scheme is a person who has preserved accrued rights in respect of a period of pensionable service and is neither an active member nor a pensioner member in relation to the Scheme benefits accrued under this Scheme during the period of pensionable service.

Existing Deferred Member: You may also be classed as an Existing Deferred Member of the Scheme, which means that you are a person who immediately before the 1 April 2012 had a preserved deferred pension in respect of your service with an employing authority and where, it was determined by the PSPA that your deferred pension was transferred into the Unified Scheme from 1 April 2012. If you are unsure, then your Pension Administrator will confirm this to you.

Annual Earnings: This is the amount of your annual earnings at the date at which you became a deferred member.

Retire from pensionable employment: your employment ends on the grounds of ill health.

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.

Title **Sex** **Male** **Female**

Surname

Other Names

Date of Birth **Verified?**

National Insurance Number

Latest or Current Job Title and Grade	<input type="text"/>
Latest or Current Annual Full Time Salary	£ <input type="text"/>
Latest Weekly Contractual Hours	<input type="text"/>

Please provide full details of your sickness absence over the last 5 years. If there has been no sickness absence, please write "NONE".

Dates		Nature of Illness (if known)	Tick ONE			
From	To		Full Pay	Half Pay	No Pay	SPP

If necessary, please continue on a separate sheet of paper and attach to this page.

Please provide full details of your latest job.

IMPORTANT: this application cannot be processed without these details.

A1 – Describe the nature of your current illness and its impact on your current job or the ability to work at a comparable job.

You may, alternatively, attach this information providing it covers all of the points stated above.

A2 – What type and period of rehabilitation has been considered and with what outcome? Please advise if any specialist help in this area has been sought i.e. Physiotherapy, Counselling.

A3 – If it has not been possible to consider or implement a type and period of rehabilitation, please provide reasons below.

[Empty response area for A3]

A4 – Use the space below to record any other information that may be of use in the processing of this application.

[Empty response area for A4]

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 for more information.

B1 – Please provide full details to all questions in this section.

Your Full Name	
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Your Home Address	

Your Home Telephone Number (inc. STD Code)	
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Your Mobile Telephone Number	
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What is your GP’s name?	Dr
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What is the address of your GP’s Practice?	
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What is your GP’s telephone number?	
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Have you seen a consultant or specialist?	No		Yes	Please tell us about the consultant
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Name of consultant	
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Name and address of the hospital where you were last seen by the consultant (or if seen privately, the consultant’s private address)	

What does the consultant specialise in?	
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Date when you were last seen by the consultant?	
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Your Public Service Career

B2 – Describe the training you have had for your public service job, including dates. If you are a member of a professional group, give details and dates of your professional qualifications and registration.

B3 – Describe the experience you have gained within your public service career, giving dates and titles of all positions held and the relevant skills required to undertake your job.

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

Other Training and Jobs

B4 – If you have had any other training and/or have held other jobs since being employed in the public service, please provide details with appropriate dates.

B5 – Provide any other information you think is relevant to support your application.

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

B6 – Your declaration and consent

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.

Please answer the following questions:

- 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? 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 to its Medical Advisors? Yes No
- 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? Yes No
- 4. Do you agree to attend any medical examinations by an independent doctor if necessary? Yes No

I understand that by signing this declaration that the PSPA will consider my application and advise me in writing of the outcome.

Your Signature (or that of someone authorised to sign on your behalf)	
Date	

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 reason(s) for current incapacity.

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C3 – Please provide details of the past course of any medical conditions currently reported as giving rise to incapacity.

C4 – Please provide details of reported symptoms, objective clinical findings, investigation findings, reported functional impairment and objectively confirmed functional impairment.

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 age 65?

C7 – These questions relate to functional abilities and would usually be completed by an occupational health doctor, but GPs and Clinical Specialists may comment if they feel able to do so.

C7.1 – How does this member’s diagnosed medical condition(s) impact on their capacity to carry out gainful employment?

C7.2 – With normal therapeutic intervention, please comment on the likelihood of improvement in functional abilities before the *normal retirement age of 65*.

C7.3 – Please summarise information you consider to be relevant to the member’s long term incapacity for employment giving particular consideration to the eligibility criteria for Upper Tier ill health benefits as described on page 4 of this form.

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.

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.

Signature	
Date	

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	Verified?	<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