

## NHS Pensions - Pension Credit Member - Consideration of entitlement for early payment of deferred benefits due to ill health (AW240(PC))

Before completing this form please read the notes below.

We normally pay deferred benefits at age 60 for members of the 1995 Section, age 65 for members of the 2008 Section and at your State Pension Age (or age 65, if later) for members of the 2015 Scheme. However, you may be able to claim **now** if you are permanently incapable of doing **any** regular work.

- Permanent in this context means to the Normal Pension Age for the Section/Scheme, i.e. age 60 for members of the 1995 Section, age 65 for members of the 2008 Section and your State Pension Age (or age 65, if later) for members of the 2015 Scheme.
- Any regular work means work across the general field of employment, not just the job or type of work you did last.

You will need to ask your attending doctor to complete Part 2. You will be responsible for any fee charged for that service.

Our medical advisers will make a recommendation based on the evidence provided in this application and will not routinely seek further medical evidence.

Important: If you have never been in paid employment then you cannot receive early payment of deferred pension credit benefits due to ill health. Your benefits cannot be paid until you reach normal pension age (see above). **Do not complete this form as your claim cannot be considered.**

The form is in two parts:

|               |   |
|---------------|---|
| <b>Part 1</b> | to be completed by you, the applicant   |
| <b>Part 2</b> | to be completed by your attending doctor. This can be your GP, hospital doctor or consultant. |

Do not delay completing and returning this form as that may affect the date from which we can pay the benefits. You can find more information on the website at: [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions).

You can also get help in completing this form by contacting the member helpline on 0300 330 1346.

### How we use your information

The NHS Business Services Authority – NHS Pensions will use the information provided for administering your NHS Pension Scheme membership and processing payment of your NHS pension benefits. We may share your information to administer and pay your NHS pension, enable us to prevent and detect fraud and mistakes, for debt collection purposes, or as required by law. For more information about who we share your information with and how long we keep your personal data and your rights, please visit our website at [www.nhsbsa.nhs.uk/yourinformation](http://www.nhsbsa.nhs.uk/yourinformation)

**Part 1 - About yourself - To be completed by the applicant.**

**If you have difficulty completing this part, ask someone to help you. Please sign the statement in Part 1.4 or ask someone to witness your mark.**

**1.1 About yourself.** Please write in CAPITAL LETTERS using BLACK INK

Please enter your NHS Pension Scheme membership number (if known)

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Title (e.g. Mr, Mrs, Miss, Dr)

Surname

Former surname (If applicable)

Other names

National Insurance number

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Date of birth (enclose your birth certificate with this form)

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What was your last job?

What was the reason for finishing this job?

Have you had any other jobs before?

Yes  Please provide details below

No  go to 1.2

Address

Post code

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Contact telephone number

Email address

What date did you finish this job?

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| Employer             | Job Title            | Date Started  | Date Finished | Reason for Leaving |   |  |  |   |  |  |  |  |   |  |  |   |  |  |   |  |  |  |  |                      |
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## 1.2. About DWP benefits

Are you currently in receipt of any form of work related benefit from the DWP?

Yes  Please tick relevant box below No  Go to 1.3

Job Seekers Allowance  NI Credits  Employment and Support Allowance (ESA)

### ESA

Have you had an assessment to assess your entitlement to ESA? Yes  No

If yes, when did that assessment take place?   /   /

What was the result of that assessment - were you entitled to ESA? Yes  No

If yes, which of the following groups were you placed in?

Work Related Activity Group Yes  No

Support Group Yes  No

## 1.3. About your family doctor (your GP) and consultant

Doctor's Name

Doctor's telephone number

Doctor's fax number (if known)

Doctor's Address

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### Consultant details

Name of consultant

Date when you were last seen by the consultant?  
(if known)

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What does the consultant specialise in?

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

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Name of consultant

Date when you were last seen by the consultant?  
(if known)

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What does the consultant specialise in?

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

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#### 1.4. Please read the following notes carefully before you sign the consent

NHS Pensions needs a report from \*your doctor at Part 2 of this form, so that it can consider your application for early payment of your deferred benefits. (\*This means any doctor who has attended you, or cared for you, or who has been involved in diagnosing your condition).

#### Access to Medical Reports Act 1988

Medical reports your doctor prepares for NHS Pensions are subject to the 'Access to Medical Reports Act 1988'. Under that Act you can either:

- allow your doctor to send it straight to NHS Pensions without you seeing it first,  
or
- ask to see the report **before** they send it to NHS Pensions, or
- you can instruct the doctor **not** to send the report to NHS Pensions at all.

Reports written by a doctor who has not been involved in your treatment, care or diagnosis or medical records that already exist, are **NOT** subject to the Access to Medical Reports Act 1988.

If you decide that a report requested by NHS Pensions can come straight to us without you seeing it first, you can still ask to see it at any time up to 6 months after we receive it.

The 'Consent' you sign on the next page will tell your doctor whether you wish to see any report they prepare before they send it to NHS Pensions. If you decide you want to see the report **before** your doctor sends it, you have 21 days from when NHS Pensions asks for the report to let your doctor know that you wish to see it. You can view the report for free, but your doctor is entitled to charge you a reasonable fee if you want a copy for yourself. Your doctor 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 doctor has prepared is misleading or incorrect in any way, you can ask them **in writing** to amend it. Your doctor 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 NHS Pensions.

#### Release of medical information and examination by an independent doctor

In order to clarify or confirm certain aspects of your medical condition NHS Pensions may sometimes need to ask for other medical, or relevant information (e.g. from your GP or Specialist). We may also need you to be examined by an independent doctor. So that they understand what you are claiming for we might need to pass any or all of the reports and medical or relevant information to them.

NHS Pensions will also need to pass all the information it gathers to its Medical Advisers.

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

**Consideration of entitlement to early payment of NHS Pension Scheme benefits**  
**Your declaration and consent to release medical information and examination by an independent doctor**

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

Please tick one of the following choices.

- I do not want** my doctor(s) to complete Part 2 of this form and am sending it with my reasons to NHS Pensions. I understand that this may result in the medical advisers being unable to consider and assess my application for benefits.
- I want** a copy of Part 2. (It is up to you to ask the author of Part 2 for that copy, for which a fee may be payable.)
- I do not want** a copy of Part 2.

Please tick one of the following choices.

- I do not want** to see any report from my doctor(s) before it is sent to NHS Pensions.
- I want** to see any report from my doctor(s) before it is sent to NHS Pensions. I understand this may result in my application taking longer to assess.

Please tick one of the following choices.

- I agree** that NHS Pensions can ask any doctor who has been involved in my care for any information relevant to this claim.
- I do not agree** that NHS Pensions can ask any doctor who has been involved in my care for any information relevant to this claim.

Please tick one of the following choices.

- I agree that**, where necessary, to share information from a doctor who has been involved in my care with an independent examining doctor.
- I do not agree** to share information from a doctor who has been involved in my care with an independent examining doctor.

Please tick one of the following choices.

- I agree** that NHS Pensions can share information with their medical advisers for the purpose of considering my application.
- I do not agree** that NHS Pensions can share information with their medical advisers for the purpose of considering my application and understand that NHS Pensions may need to request additional documentation to fully assess my application for benefits. Where this is not possible, the medical advisers may be unable to assess my application.

Please tick one of the following choices.

- I agree** to attend any medical examinations by an independent doctor if necessary.
- I do not agree** to attend any medical examinations by an independent doctor. I understand that NHS Pensions may need to request additional documentation to fully assess my application and that where this is not possible, the medical advisers may be unable to assess my application.

Please tick one of the following choices.

- I agree** that NHS Pensions may ask for information from the DWP relating to the assessment of my incapacity for work.
- I do not agree** that NHS Pensions may ask for information from the DWP relating to the assessment of my incapacity for work. I understand that NHS Pensions may need to request additional documentation to fully assess my application for benefits. Where this is not possible, the medical advisers may be unable to assess my application.

Please tick one of the following choices:

- I wish** to receive a copy of my Medical Report from NHS Pensions Medical Services Provider before it is sent to NHS Pensions. Please note that this may result in your application taking longer.
- I do not wish** to receive a copy of my Medical Report from NHS Pensions Medical Services Provider before it is sent to NHS Pensions.

**Failure to complete this declaration in full will result in the application being returned to the member. Please note: this will delay the application process.**

Your signature

Date

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**Now please take this form to your doctor, and ask if they will complete Part 2. Also include any other information you think will support your claim. The doctor will send all these papers direct to NHS Pensions.**

## Part 2 - To be completed by the attending doctor.

- Please write clearly using black ink.
- This information is for use of NHS Pensions Medical Adviser and is confidential.
- The information **IS** subject to the Access to Medical Reports Act 1988 and the Access to Health Records Act 1990.
- Any fee for this report is chargeable to the applicant

### Background information

To qualify for the early payment of deferred pension credit benefits the Pension Scheme's managers must be satisfied that the applicant is permanently incapable of **any** regular work because of illness or injury, not just their previous job.

For this purpose the following expressions mean:

- **Permanently** means the period to Normal Pension Age of the Scheme, i.e. age 60 for members of the 1995 Section, age 65 for members of the 2008 Section or Normal Pension Age (which is equal to the State Pension Age) for members of the 2015 Scheme.
- **Any regular employment** means work across the general field of employment, not just the job or type of work last performed.

### 2.1. Medical information - *if you need more space please attach a separate sheet of paper*

#### a. Diagnosis

#### b. Relevant past history with dates of onset

#### c. Present condition *(including relevant clinical findings known to you)*

**d. Present functional restrictions and disability.** *(Please indicate the extent and severity of the impact of the applicant's condition on daily living and work in general).*

**e. Treatment** *(current and proposed)*

**f. Prognosis** *(to normal pension age)*

**g.** Is the applicant aware of the diagnosis? Yes  No

Is the applicant aware of the prognosis? Yes  No

**h. Terminal illness:**

A person whose life expectancy is less than a year can opt to commute their benefits, to a single lump sum.

In your opinion, is this person's life expectancy less than one year? Yes  No

If you have answered 'yes' above, is the person fully aware of the seriousness of their condition? Yes  No

**2.2. Please summarise** information you consider to be relevant to this applicant's long term incapacity for any regular employment.

**2.3. Has the applicant seen a consultant or specialist about their present complaint?**

Yes  go to 2.4

No  go to 2.5

**2.4. About the consultant**

Initials

Surname

Name and address of the hospital where they were last seen by the consultant **or** if they were seen privately, the consultant's private address.

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What does the consultant specialise in?

*If the applicant has seen more than one consultant please continue on a separate sheet if you need more space*

**2.5. Details of the attending doctor who completes this form**

Initials

Surname

Contact telephone number

Fax number

Signature

Address

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Email Address

Date

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Please tick the boxes that apply to you.

I am this person's:

General Practitioner

Consultant / Hospital Doctor

**Please note:** Hospital Doctor's / Consultants **cannot** claim a fee **unless** the person concerned is not a patient and they need a special examination or case note study.

**If the applicant has asked to see the report, please allow 21 days before sending it to NHS Pensions, then send the whole form, together with any other information the applicant may have given you to NHS Pensions, PO Box 2269, Bolton, BL6 9JS, marking the envelope 'Confidential Medical Information'.**