

## NHS Pension Schemes (Scotland)

### APPLICATION FOR RETIREMENT BENEFITS FOR A PRESERVED MEMBER

#### To be completed by GP, Specialist or Occupational Health (OH) Doctor/Senior OH Nurse

*Further guidance on completing this form is available at [www.sppa.gov.uk](http://www.sppa.gov.uk).*

This is an ill health retirement application for a person, who is no longer in the NHS pension scheme and has deferred benefits in the scheme. He/she may be entitled to receive an annual pension provided that the applicant fulfils the criteria for payment of benefits.

To qualify for a pension on this basis, a deferred scheme member must be found to be **permanently incapable** of engaging in regular employment.

**Permanency** is where the infirmity affecting the applicant’s present occupation exists and will continue to exist until normal pension age (NPA). The infirmity will not improve with time or treatment to allow the member to return to their present occupation before NPA.

**Benefits** – preserved members (with at least 2 years membership) who qualify for ill health retirement will receive early payment of their benefits without reduction.

#### CONSENT FORM (TO BE COMPLETED BY THE APPLICANT)

I authorise disclosure of the following medical report to the Scottish Public Pensions Agency (SPPA) and to the appointed medical adviser. I understand that I am responsible for meeting any costs associated with the provision of this medical report.

Name of applicant

Signature of applicant

Date

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#### GUIDANCE AS TO INTERPRETATION AND APPLICATION OF REGULATIONS

- (1) Infirmity - the applicant’s own infirmity should be considered.
- (2) Level of permanency is to be considered on the balance of probabilities.
- (3) Permanently - until applicant’s NPA of 60, 65 or state pension age.

**NHS Pension Schemes (Scotland)**

**Application for ill health retirement benefits from a deferred NHS pension scheme member**

**MEDICAL REPORT FORM**

**(to be completed by GP, Specialist or Occupational Health Doctor/Senior OH Nurse)**

Applicant's name

SB number

Date of birth

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Home address


Post code

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The above named has made an application for early payment of his/her retirement benefits on health grounds. I understand that for such an application to succeed the applicant must be considered permanently incapable of engaging in regular employment because of physical or mental infirmity. The question of whether this condition is satisfied will be decided by SPPA acting on behalf of the Scottish Ministers and with advice provided from their own appointed medical advisers.

**Medical Information**

(a) Please list all currently diagnosed medical conditions giving date of onset for each

(b) Provide details of the reported reason(s) for current incapacity

(c) Please provide details of the past course of any medical conditions currently reported as giving rise to incapacity.

(d) Please provide details of reported symptoms, objective clinical findings, investigation findings, reported functional impairment and objectively confirmed functional impairment.

- (e) 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.

- (f) What is the likely future course of this member's health and function, with normal therapeutic intervention over the period to normal pension age (NPA<sup>1</sup>)

<sup>1</sup> NPA – the normal pension age at which a pension member may take their full pension on age grounds without actuarial reduction. Dependent on which scheme the member belongs to, this could be age 60, 65 or State Pension Age.

- (g) With normal therapeutic intervention please comment on the likelihood of improvement in functional abilities before NPA.

- (h) Please summarise information you consider to be relevant to this member's long term incapacity for any regular employment.

**Please provide your rationale**

**Terminal illness**

Does this member have a medical condition which is considered to reduce their life expectancy to less than one year?

Yes

No

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.

Please list the additional papers enclosed here:

### Examining Doctor's details

Full name

Job title

Address

  
  

Post code

Telephone number

Email

Signature

Date

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**Please send this completed form along with application AW8P  
and any additional medical reports, direct to the SPPA.**

**Address: SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE**