
National Insurance Number:

Date:

HSC Pension Scheme – Consideration of entitlement to Tier 2 Benefits. Application within 3 years of Tier 1 award.

Surname

Other names

Email

Date of Birth / /

National Insurance No:

Our Medical Adviser will look at your application and consider if you now meet the criteria for Tier 2 Ill Health benefits. They may

- ask for another opinion from your own doctor or some other doctor.
- ask you to have a medical examination which we will pay for.

They will not do any of this without your permission.

The form is in 2 parts

Part A	to be completed by you, the applicant
Part B	to be completed by your treating doctor. This can be your GP, hospital doctor or consultant

Data Protection Act 1998: Fair Processing Notice

The HSC Pension Service 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 our files. We 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. We may contact you to discuss your application by any of the methods you have entered on this form.

Part
A

To be completed by the applicant.
If you have difficulty completing this part, ask someone to help you.
Please sign the statement at item 3 or ask someone to witness your mark.

1. About yourself

What was your last job in the HSC?

Was this full time or part-time?

If part-time, state number of hours worked per week?

What date did you finish this job?

What was the reason for finishing your HSC job?

Have you worked anywhere since you left the HSC? Yes Please answer all questions in this section
No go to 2.

What jobs have you done since leaving the HSC?

What date did you finish your last job?

What was the reason for you finishing this latest job?

2. About Social Security Benefits

Have you had any medical examinations in connection with applications for Social Security Benefits. The information in any of these reports may be useful to us when considering your claim for early payment of your HSC pension.

Have you had a Personal Capability Assessment medical examination for Incapacity Benefit? Yes Date of assessment?
No

If you have had the result of that assessment please tell us what it was and attach a copy, if you have it.

Address of Social Security Benefit Office dealing with your Incapacity Benefit.

3. About your family doctor (your GP)

Doctor's name:

Doctor's address:

Doctor's telephone no:

Doctor's fax no (if known):

4. Please read the following notes carefully before you sign the consent

HSC Pension Service needs a report from your doctor at Part B of this form, so that it can consider your application for early payment of your deferred benefits. (This means any doctor who has treated 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 HSC Pension Service are subject to the 'Access to Medical Reports Act 1988'. Under that Act you can either:-

- allow your doctor to send it straight to HSC Pension Service without you seeing it first, or
- ask to see the report **before** they send it to HSC Pension Service, or
- you can instruct the doctor **not** to send the report to HSC Pension Service 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 HSC Pension Service 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 HSC Pension Service. If you decide you want to see the report **before** your doctor sends it, you have 21 days from when HSC Pension Service 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 HSC Pension Service.

Release of medical information and examination by an independent doctor

In order to clarify or confirm certain aspects of your medical condition HSC Pension Service may sometimes need to ask for other medical, or relevant information (eg 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.

HSC Pension Service 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, HSC Pension Service may be unable to consider your application for benefits.

Your declaration and consent

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** to see any report from my doctor(s) **before** it is sent to HSC Pension Service.
- I want** to see any report from my doctor(s) **before** it is sent to HSC Pension Service.
- I do not want** my doctor(s) to complete Part B of this form and am sending it with my reasons, to HSC Pension Service.

Please tick one of the following choices:-

- I agree** that HSC Pension Service can ask any doctor who has been involved in my 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 HSC Pension Service Medical Advisers for the purpose of considering my application.
- I do not agree** that HSC Pension Service can ask any doctor who has been involved in my 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 HSC Pension Service Medical Advisers for the purpose of considering 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.

Please tick one of the following choices.

- I agree** that HSC Pension Service may ask for information from the Social Security Benefits relating to the assessment of my incapacity for work.
- I do not agree** that HSC Pension Service may ask for information from the Social Security Benefits relating to the assessment of my incapacity for work.

Your signature:

Date: / /

Print your name:

Your home address:

Only complete if the details on the front of this form are incorrect.

Your telephone no: STD /

Now please take this form, with the envelope we have sent you, to your doctor, and ask if they will complete Part B. Also include any other information you think will support your claim. The doctor will send all these papers to HSC Pension Service.

To be completed by the examining doctor.

- Please write clearly using black ink.
- This information is for use of HSC Pension Service 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.

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** *(this means to age 60 years)*

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 **but this only applies to members whose benefits were deferred on or after 6.3.95.**

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. **Please tick the appropriate statement** (*your opinion below must be supported by appropriate clinical detail entered on or enclosed with this application*)

It is my opinion that, as a result of the condition described, the applicant **IS permanently** incapable of any regular employment.

It is my opinion that the applicant **IS NOT permanently** incapable of any regular employment.

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

Yes go to 4

No go to 5

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.

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.

5. Details of the examining doctor who completes this form

Initials:

Surname:

Address:

Telephone No:

Fax number:

Signature:

Date:

Please tick the boxes that apply to you.

- I am this person's:
- General Practitioner
 - Consultant/Hospital Doctor