

Ill-Health Medical Examination Request Form

Section A -

To be completed by the employing authority for an active member and returned to NILGOSC in advance of any date of leaving

Please arrange a medical examination with the Committee's Occupational Health Physician to determine whether or not the following employee is eligible, under the pension regulations, for immediate payment of ill-health benefits.

Name:

Pension Reference Number:

Address:

Postcode:

Date of Birth:

Occupation:

National Insurance Number:

Current hours per week:

Date unpaid sick leave began, if applicable:

Date employment will end:

Have the employee's contractual hours been reduced as a result of his / her ill-health or infirmity of mind and body?

Yes No

Have you attached a job description detailing the employee's duties and responsibilities?

Yes No

Have you tried to accommodate the employee remaining in employment, in line with the requirements of the Disability Discrimination Act 1995 (as amended), through such measures as redeployment, making reasonable adjustments to the workplace or flexible working?

Yes No

Completed by (PRINT NAME):

Signature:

Email Address:

Telephone Number:

- Please ensure a copy of your Medical Adviser's report and any other medical reports, that either you or the employee hold in support of the employee's application, are attached.**
- SECTION B must be signed by the employee before forwarding to NILGOSC.**

Ill-Health Medical Examination Request Form

Section B - to be completed by employee or deferred member

In order to process your claim for an ill-health pension, the Committee needs your permission to obtain and hold your medical details. A medical examination cannot be arranged until the statement below has been signed.

I hereby give my consent to the Committee and its medical advisers obtaining any medical records or reports which are relevant to my claim for ill-health benefits and to such information being used or kept in compliance with the Data Protection Act 1998.

My preferred location for my medical examination with the Committee's Doctor is:

Belfast

Dungannon

Ballykelly

Signature:

Date:

Home Telephone Number:

Mobile Telephone Number:

Please enclose or bring with you to your appointment, any medical reports from your GP or a treating physician that may help the Committee Doctor in assessing your eligibility to immediate payment of ill-health benefits.

Please detail below any additional information that you feel relevant to allow the Committee to arrange an appointment i.e. availability for appointments, adjustments or facilities required during your visit.