

Ill-Health Medical Examination Request Form for an Active Member

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 employee's contractual hours been reduced as a result of his/ her ill-health or infirmity of body and mind? If so, please provide written documentation from the occupational health doctor recommending the reason for the reduction in hours and the medical condition which was present at that time.

Yes No

I have attached a job description detailing the employee's duties and responsibilities.

Yes

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 attach 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.**
- 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

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 NILGOSC and its medical advisers to request or obtain 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 Data Protection legislation¹. I understand that in providing my consent, I can also withdraw it at any time however this will render NILGOSC and its medical advisers unable to proceed with my request.²

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

Belfast Dungannon Hollywood 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 to assess your eligibility for 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.

¹ 'Data Protection legislation' encompasses the EU General Data Protection legislation ('GDPR') and any relevant UK Data Protection legislation.

² As per the GDPR, NILGOSC will collect special categories of personal information from you in order to fulfill your request. In fulfilling the request, NILGOSC may also pass your health data and other collected data on to another data controller in the form of an Independent Registered Medical Practitioner or your employer. The purpose of this transfer of data is to conduct medical assessments and provide reports on your health that will impact and inform your application for ill-health retirement. For more information on how we process your personal information, please refer to our Privacy Notice for Scheme Members and beneficiaries.