

# 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 email this completed form to [medicals@nilgosc.org.uk](mailto:medicals@nilgosc.org.uk).

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

Surname

First name(s)

Address

	Postcode	

Occupation

NILGOSC reference number

Employer

Date employment will end

Current hours per week

Date unpaid sick leave began, if applicable

### Reduction in employee's hours due to illness

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

Yes

No

**LGS22A III-Health Medical Examination Request  
Form for a Active Member**



*Section A continued*

When did this reduction take place and what was the extent?

Date  Hours changed from  to

If the above applies please attach a copy of the occupational health report recommending the reduction in hours and noting the relevant medical conditions at that time.

Attached  Yes  No

Date of Report

Doctor who compiled the report

***Please note that if a report is not attached, we will not explore discounting the reduction in hours for calculation of any enhanced pension which may be due.***

I have 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

*\* By typing your name you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature. You are also confirming that the information you have provided is accurate and complete, to the best of your knowledge and belief.*

- 1. 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.**
- 2. SECTION B must be signed by the employee before forwarding to NILGOSC.**

**LGS22A Ill-Health Medical Examination Request  
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**Section B**

**To be completed by employee and returned to the employer.**

In order to access your eligibility for an ill-health pension, NILGOSC 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 hold any medical records or reports which are relevant to my ill-health retirement application and to such information being used or kept in compliance with \*Data Protection legislation. 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. (\*please see notes overleaf).

**My preferred location for my medical examination with the NILGOSC's Doctor is**

Belfast       Dungannon       Hollywood       Ballykelly

**Please note** while NILGOSC will try to take your choice of location into consideration, this may not always be possible.

Signature\*

Date

Home telephone number

Mobile telephone number

*\* By typing your name you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature. You are also confirming that the information you have provided is accurate and complete, to the best of your knowledge and belief.*

Please enclose or bring with you to your appointment, any medical reports from your GP or a treating physician that may help the NILGOSC 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.**



**Notes**

Data protection legislation encompasses the Data Protection Act 2018, the UK General Data Protection Regulation (UK GDPR) and any related UK data protection legislation.

As per the legislation, 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.