

# Ill-Health Medical Examination Request Form for a Deferred Member

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## Section A

**This section must be completed by the deferred member and forwarded to NILGOSC. Alternatively, it may be completed by NILGOSC on the deferred member's behalf, but the deferred member must complete Section B overleaf. Please email this completed form to [medicals@nilgosc.org.uk](mailto:medicals@nilgosc.org.uk).**

I would like to apply for early payment of my deferred benefits on the grounds of permanent ill-health. Please arrange a medical examination with the NILGOSC Occupational Health Doctor to help determine whether I meet the criteria for ill-health retirement.

Surname

First name(s)

Title: Mr/Mrs/Miss/Ms/Other

Partnership status

Home address

<input type="text"/>		
<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

National insurance number

NILGOSC reference number

Date of birth

Telephone number

Personal email address

**LGS22B III-Health Medical Examination Request  
Form for a Deferred Member**



*Section A continued*

Former employer

Former occupation

Date deferred benefits are payable

Date stopped contributing to the scheme

**Section B – to be completed by the deferred member**

In order to process your claim for an ill-health pension, NILGOSC needs your permission to 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 legislation (see (1) on page 3). 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 (see (2) on page 3).

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

Belfast

Dungannon

Holywood

Ballykelly

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

Signature\*

Date

*\* 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 any medical reports from your GP or treating physician that may help NILGOSC's Doctor to assess your eligibility for immediate payment of ill-health benefits.**

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


### Checklist

Please ensure that you have enclosed: *(please tick below)*

- This completed form.
- Your medical consent i.e. ensure that you have signed Section B of this form.
- Supporting medical reports.

### Notes

- (1) Data protection legislation encompasses the Data Protection Act 2018, the UK General Data Protection Regulation (UK GDPR) and any related UK data protection legislation.
- (2) 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.