LGS22A

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.

Please arrange a medical telephone consultation 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 or grade due to illness

Have the employee's contractual hours or grade been reduced wholly or temporarily due to the same medical condition that they are currently presenting?

○ Yes ◉ No

Section A continued

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

Date		Hours/grade changed from		to	

If the above applies, please attach a copy of the occupational health report or other evidence recommending the reduction in hours or grade 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, it will make it less likely that the reduction in hours/ grade will be discounted 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.**

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 telephone consultation 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).

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.*

Due to Doctor's Indemnity requirements, please note all telephone consultations from our doctors **must be to UK telephone numbers – mobile or landline.**

The Committee Doctor and NILGOSC will only be able to consider the medical evidence that has been provided by yourself or your employer.

If you do have additional reports from your GP or Consultant, or medication lists, please forward these to the medical team at medicals@nilgosc.org.uk in advance of your telephone consultation

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.