**Ill Health Early**

**Retirement Referral**

**Please complete all boxes**

**TO BE COMPLETED BY PENSION ADMINISTRATOR**

**Reporting Details**

|  |  |
| --- | --- |
| Name of person to receive report/certificate: |  |

**Employer Details**

|  |  |
| --- | --- |
| Company Name: |  |
|  |  |
| Company Address & postcode: |  |
|  |  |
| Tel: |  |
|  |  |
| Email: |  |
|  |  |
| Date of Request: |  |
|  |  |
| Purchase Order Number: |  |

# **Applicant Details**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | | Surname: |  | | | | | | |
|  |  | | |  | | |  | | | | |
| Home address & postcode: |  | | | | | | | | | | |
|  |  | |  | | | | |  | | | |
| Date of Birth: |  | NI Number: |  | | | | | Gender | M/F/NB |
|  |  | |  | | | | | | | |  |
| Home Tel: |  | | Mobile: | | |  | | | | | |
|  |  | | |  | |  | | | | | |
| Job Title: |  | | | | | | | | | | |

**Check List of enclosures:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A copy of the application (including Scheme “definition of incapacity”) | **Yes** |  | **No** |  |
|  |  |  |  |  |
| The completed Consent Form **- the referral cannot be progressed without this** | **Yes** |  | **No** |  |
|  |  |  |  |  |
| Copies of OH reports – please specify: | **Yes** |  | **No** |  |
|  |  |  |  |  |
|  | | | | |
|  | | | | |
|  |  |  |  |  |
| A copy of the GP Medical/Specialist report | **Yes** |  | **No** |  |
| NB: If the OH physician needs to request GP or specialist reports, this will result in a delay in processing the referral and an additional charge will apply |  |  |  |  |
|  |  |  |  |  |
| A copy of the Job Description | **Yes** |  | **No** |  |
|  |  |  |  |  |
| Copy of the Ill Health Retirement Scheme Certificate | **Yes** |  | **No** |  |