

LGPS
REQUEST FOR EARLY PAYMENT OF DEFERRED PENSION DUE TO ILL HEALTH

You may request an early payment of your deferred pension before your normal pension age if your ability to work is affected by ill health. If you wish your former employer / the Fund* (if your last employer is no longer an active scheme employer) to consider an application for early payment of your deferred pension because of your ill health, you must complete this form as fully as possible to enable your request to be considered. If you are unsure how to contact your former employer please contact Pension Services for details or send your completed form to Pension Services.

There are different questions an employer, with the assistance of an approved independent medical practitioner, qualified in occupational medicine, needs to consider, depending on when you left the scheme.

This form will start your application but **an application is not an agreement to pay a pension**. Your former employer / the Fund* must make that decision based on the evidence they collect.

Please ensure you send this completed form securely as you are including your personal information.

Your full name

Date of birth

Date you left the LGPS Date you left employment if different

Your national insurance number

Your former employer was

Your current home address including post code

Other ways your former employer / the Fund* may contact you

Email	
Mobile Telephone Number	
Home Telephone Number	

Please give the title and description of the job you were doing up to the date you left the LGPS.

(Please continue on additional pages and attach as necessary)

Have you attached a copy of the job description? Yes/No

Please give a brief outline of the reason why you consider you are unable to carry out the duties of your former employment including the nature of your condition and treatments

(Please continue on additional pages and attach as necessary)

Have you attached any supporting documentation? Yes/No

From when, in your opinion, would the condition you describe have prevented you from carrying out your former employment

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To consider your request your former employer / the Fund*, or the independent occupational health practitioner will ask for reports from the medical professionals you have consulted.

Please provide your permission and contact details for medical professionals who have been treating you for the condition, which if you were still in the employment mentioned above, would be preventing you from carrying out that work.

I give my permission to contact these people concerning my treatment	
Signed	dated
Name of medical practitioner 1 Address	
Name of medical practitioner 2 Address	
(Please continue on additional pages and attach as necessary)	

(Please note that it is possible you will be asked for this and more detailed information again. Employers will have their own processes and this is a general form to help you begin your request)

Signed Date .. /.. /

* the Fund - if your last employer is no longer an active scheme employer Oxfordshire Pension Fund will deal with your request.