

DEF-PEN

OFFICIAL - SENSITIVE

APPLICATION FOR THE EARLY PAYMENT OF A DEFERRED PENSION DUE TO ILL HEALTH

Name:	Former Service Number				
Former Rank	National Insurance Number:				
Service: (Please Circle)	RUC	RUC Full-Time Reserve	RUC Part-Time Reserve		
	PSNI	PSNI Full-Time Reserve	PSNI Part-Time Reserve		
Date of Birth					
Date of Leaving Service					
Reason for Leaving					

PROOF OF IDENTITY

(i.e. Retirement, Dismissal, Resignation etc)

In accordance with data protection legislation, in order to establish your identity you must submit a copy of **one** document from **each** of the following categories with your application:

(a) **Confirmation of name:**

Full current driving licence*; current signed passport; birth certificate

(b) **Confirmation of address**:

Full Driving Licence*; utility bill, bank/building society/credit union statement issued within the last three months, mortgage statement from a recognised lender issued within the last full year, benefits agency letter issued within the last three months, NHS Medical Card, HMRC self-assessment letters/tax demands dated within the current financial year.

* Full driving licence being photographic card and paper counterpart. If both parts are jointly submitted then parts (a) and (b) above will be satisfied. Please note a provisional licence will not be sufficient in this instance.

I am providing the following types of identification:			
(a)		(b)	



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Q1. Please give full and comprehensive details of your current medical condition(s):

Q2. Has your condition(s) deteriorated since the date on which you left the RUC/PSNI? Please give full and comprehensive details, using a continuation sheet if necessary:

Q3. Please give the name and address of your current/former GP together with any other current/former doctors, consultants and/or therapists who have treated you for the above noted medical problems. (*Please also review and complete separate Medical Report Disclosure Form (MED-DISC Form*).

NAME	ADDRESS



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Q4.	Have you been employed since you left the RUC/PSNI?	YES/NO				
lf you	If you answered yes please provide details of your most recent employment:					
Com	pany Name and Address					
Are	you currently employed in this position?					
Wha	t position did/do you hold?					
Wha	What date did you start work?					
Plea	se describe the type of duties you performed:					
Date	you left this job (if applicable):					
Reas	son for leaving:					

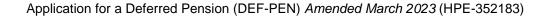
Q5. Have you had any other employment since leaving the RUC/PSNI? YES/NO

If you answered yes please provide details of the dates you were employed, your employer(s) name and address and a brief description of your duties for each role:



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Q6. Please provide any other information which you believe is relevant (this might Include but is not limited to details of any state benefits you receive due to your medical condition(s) and/or assessments you have had in relation to these conditions. Please use a continuation sheet if necessary.





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DETAILS OF APPOINTED REPRESENTATIVE

Please complete this section only if you wish to behalf in respect of your application. If you chos your behalf all future correspondence and updat provided thereafter to your appointed representa	e to appoint a representative to act on tes in respect of your case will be
 I authorise	espondence regarding my application (to) will be forwarded to my appointed ence forwarded to my appointed en sent to me. act as the sole point of contact with the
PLEASE COMPLETE THE FOLLOWING IN BL	OCK CAPITALS
Full Name of Appointed Representative:	
	Postcode:
Position/Relationship to the Applicant:	
Telephone Number:	
E-mail address:1	
Applicant's Signature:	Date:

¹ Please be advised that due to data protection measures the Board will not substantively communicate with you and/or your appointed representative by way of email. Email correspondence will be limited to preliminary updates, with no sensitive and/or personal information being shared via this medium.

Application for a Deferred Pension (DEF-PEN) Amended March 2023 (HPE-352183)





APPLICANT DECLARATION

- I confirm that the information I have provided in this application form is correct and truthful to the best of my knowledge and belief.
- I understand that if the information I have supplied is inaccurate or misleading then this might affect the progress of my application.
- I acknowledge and agree that my application will be processed in accordance with the Northern Ireland's Policing Board's policies and procedures together with all relevant legislation, regulations and statutory provisions.
- I understand that information collected during the course of this application can be retained for the purposes of this application as well as any subsequent and related reassessment, reconsideration or appeal.
- I confirm I have read and understood the Board's Privacy Notice and signed the relevant *Applicant Declaration* (*APP-DEC*) and returned this to the Board for their records.
- I confirm that I have read and understood the Board's Medical Report Disclosure Form and signed the relevant *Medical Report Disclosure Declaration* (*MED-DISC*) and returned this to the Board for their records.
- I understand that all personal information held by the Board is processed in accordance with current data protection legislation.

Signed	
Date	
Address	
Postcode	
Telephone Number	



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Email address

It is essential that you inform this office immediately if you change your address.

Please return your fully completed application form to;

NIPB Police Pension and Injury Benefits Branch James House, Block D 2-4 Cromac Avenue Gasworks BELFAST BT7 2JA