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 Joining Service_____

Date of Leaving Service_____

Reason for Leaving

_____

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

PROOF OF IDENTITY

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)	

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

Q4. Have you been employed since you left the RUC/PSNI? YES/NO

If you answered yes please provide details of your most recent employment:

Company Name and Address

_____

_____

_____

_____

Are you currently employed in this position? _____

What position did/do you hold?_____

What date did you start work? _____

Please describe the type of duties you performed:

_____

_____

Date you left this job (if applicable): _____

Reason 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:

_____

_____

_____

_____

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.

DETAILS OF APPOINTED REPRESENTATIVE

Please complete this section only if you wish to appoint a representative to act on your behalf in respect of your application. If you chose to appoint a representative to act on your behalf all future correspondence and updates in respect of your case will be provided thereafter to your appointed representative.

- I authorise _____ to act as my appointed representative in this, my application for a Retrospective Injury on Duty Award.
- I hereby acknowledge that any future correspondence regarding my application (to include medical documents and/or reports) will be forwarded to my appointed representative.
- I further acknowledge that any correspondence forwarded to my appointed representative will be deemed to have been sent to me.
- I authorise my appointed representative to act as the sole point of contact with the Board and acknowledge that the Board will communicate with me directly through my appointed representative.

PLEASE COMPLETE THE FOLLOWING IN BLOCK CAPITALS

Full Name of Appointed Representative:_____

Address:_____

_____

_____ **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.*

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	

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