

AW33

Part
D

To be completed by HSC Pension Scheme Medical Advisor

Name:

National Insurance No:

DOB:

Normal Benefit Age (60 or 65)

**Initial Application*

(*tick one)

Stage 1 Appeal

Stage 2 Appeal

Qualifying Conditions for Ill Health Retirement

Tier 1 Condition

To Qualify for Tier 1, an applicant's employment must be terminated because of physical or mental infirmity as a result of which they are permanently incapable (until the applicant's normal benefit age) of efficiently discharging the duties of their employment.

Tier 2 Condition

To qualify for Tier 2, an applicant in addition to meeting the Tier 1 qualifying conditions must be permanently incapable of engaging in 'regular employment of like duration'.

With due regard to the qualifying conditions detailed above, and after consideration of the medical evidence and other papers submitted, are you satisfied that:-

1. The member is permanently incapable of efficiently discharging the duties of their HSC employment, i.e. the Tier 1 Condition?

Yes

No

- 2a. The member, in addition to meeting the Tier 1 condition, is permanently incapable of engaging in regular employment of like duration, i.e. the Tier 2 Condition?

Yes

No

- 2b. Are you satisfied due to the nature of the condition, the member can be reassessed for a Tier 2 award within three years of receiving Tier 1 benefits?

Yes

No

3. **Life Expectancy** – I am satisfied the applicant has a life expectancy of less than 1 year.

Yes

No

Definitions:-

"Regular employment of like duration" – means, where prior to retiring from pensionable employment the member was employed:-

- i) on a whole-time basis, regular employment on a whole-time basis;
- ii) on a part-time basis, regular employment on a part-time basis.

"Permanently" – means, the period until normal benefit age. This will be 60 or 65 and will be stated at the top of this form.

MEDICAL ADVISOR RATIONALE FOR DECISION

Documents used in addition to Form AW33	
Additional Medical Reports: specify with dates – if none supplied, state N/A	
Other information: specify with dates – if none supplied, state N/A	
Outcome Decision	
1. State whether there is or is not an incapacitating condition and if there is then its nature.	
2. State whether and in what way the member's performance of their job is or is not affected by that condition	
3. State why the incapacity extends or does not extend to regular employment of like duration.	
4. State whether these effects will or will not be permanent to the NBA.	

Signed: _____

Date: _____

Medical Advisor to enter **ICD Clinical Code** – OHS use only

Please return this form and the accompanying papers to:

**HSC Pension Service
Waterside House
75 Duke Street
LONDONDERRY
BT47 6FP**