



MEDICAL PENSION ADVICE

This form is to be used to apply for assistance in Medical and Pension issues under the Police Federation Fund Rules and should be attached to a completed C2 form.

1. PERSONAL DETAILS

Full name of police officer

(SURNAME IN BLOCK LETTERS)

Private address

Postcode

Date of birth

Marital status

Force

Rank

Warrant number ...

Collar number

Type of duties

Station and division...

Station and division

Work telephone number

Home telephone number

E-Mail address

2. RELEVANT INFORMATION

(a) I was contributing member to the Federation Funds on the date of the incident/issue Yes No

(b) I attach a typed statement setting out details of the incident/issue Yes No

3. THE PROBLEM

What do you want? Please indicate as appropriate:-
(Please complete the relevant sections as advised below then go to section 7)

(a) Medical Issues

INJURY AWARD - complete section 4 a) b) c) d) e) i & ii Yes No

MEDICAL RETIREMENT - complete section 4 a) b) c) d) i. ii & ii Yes No

EARLY PAYMENT OF DEFERRED PENSION - complete section 4 d)i & ii Yes No

(b) Advice on proposed forfeiture of your pension (please complete section 6) Yes No

(c) Advice re State Benefit Applications/Appeals (please complete section 4 a) c) d) ii & iii & section 5 Yes No

(d) Other Yes No

(Please specify below)

4. DETAILS FOR MEDICAL ISSUES

(a) Has any request been made to the Force/Police Authority for medical retirement/injury award etc? Yes No

If YES, please provide details including copies of all correspondence with the Force/Police Authority on the subject. (Use a separate sheet if necessary)

(b) Have you made a request for retirement? Yes No

If YES, where are you in the process? (Please answer the following questions):

Have you been referred to the SMP?

If YES, has the SMP made a decision?

Have you appealed against the SMP decision to a PMAB?

If YES, has the PMAB made a decision?

(c) Has any medical evidence (e.g. GP's report) been obtained? Yes No

If YES, please provide a copy or explain why a copy cannot be provided

(d) (MEDICAL RETIREMENT CASES AND EARLY PAYMENT DEFERRED PENSION)

(i) Why do you believe you are permanently disabled?

(ii) Are you in receipt of Incapacity Benefit (IB)/Employment Support Allowance (ESA) from the DWP? Yes No

(iii) Has your accident/injury been registered with the DWP? Yes No

(iv) MEDICAL RETIREMENT CASES ONLY:- Please provide details of any reduction to half pay or no pay, specify dates

(e) (INJURY AWARD CASES)

(i) Why do you consider you are entitled to an injury award?

(i) What supporting evidence is available?

(OTHER CASES) Please explain your case

5. STATE BENEFIT APPEALS

(a) What is the state benefit or benefits for which you have applied?

(b) When was the application decided?

(c) Have you lodged any appeal?

(d) Have you attached copies of the relevant papers to this form?

6. DETAILS FOR FORFEITURE ISSUES

(a) Please provide all correspondence relating to the forfeiture of your pension.

(b) Please include details of your criminal conviction and also complete details below:

Date:

Court:

Offence:

Sentence:

(c) Were there any relevant sentencing remarks by the judge? Yes No
(if YES please provide details)

(d) Provide a summary of factual circumstances of the offence including whether it occurred in connection with your police service.

(e) Provide a summary of press/media attention received.

(f) Please outline how the forfeiture of your pension with impact on you and your family.

7. FURTHER INFORMATION

Have you already taken any legal steps? Yes No

If so, please provide details below:

Are you currently pursuing any personal injury claim (including criminal injuries claim)? Yes No

If YES, please provide details

Have you previously suffered personal injury in an Accident/s or an Incident/s and pursued a civil claim? Yes No

If YES, please give circumstances of accident and injuries sustained

Was your civil claim funded by the Police Federation? Yes No

If YES, please give details of reference numbers, etc.

Have you received compensation for any injury/injuries sustained? Yes No

If YES, please provide details

Are there any outstanding discipline or criminal proceedings or is there any connection with disciplinary matters? Yes No

If YES, please provide details

Please provide your GP's details

Please provide details of any medical treatment which is relevant to the issue
(attach appropriate papers or continue on another sheet if necessary)

8. CONDITIONS

This section must be completed by the member

In consideration of the Police Federation granting legal assistance to me, I understand that if, as a result of any dishonest or wilful act or omission or exaggeration on my part, the Federation incurs liability for legal costs and/or disbursements that are not recoverable from a third party, then I will be liable to reimburse such costs and/or disbursement to the Federation.

Date

Signed

9. CERTIFICATION

This section must be completed by the Branch Board Secretary

I certify that the member has signed the above conditions and is entitled to assistance as a contributor within the Rules of the Federation Funds.

Date

Signed

(Branch Board Secretary)