



Please complete this form using Adobe Acrobat Reader and then print it, sign it and return it to us. Press 'Tab' key to move between fields. Compulsory fields are marked in red.

FORM A
APPLICATION FOR A DISABILITY
EARLY RETIREMENT PENSION

HOW TO COMPLETE THIS FORM

FORM A – (to be completed by Member) Please now forward this application, together with the Medical Report Form to your Personnel Department, if application is being made through your Employer, otherwise direct to: The ITB Pension Funds, 23 King Street, Watford, Herts WD18 0BJ.

SURNAME: (Miss/Mrs/Ms/Mr)

FIRST NAMES (IN FULL):

EMPLOYING COMPANY:

POSITION:

1. I hereby request consideration for the payment from the ITB Pension Funds of a Disability Early Retirement Pension.
2. I confirm that the ITB Pension Funds standard medical form (Form C) has been forwarded to my doctor for him/her to complete.
3. I hereby consent for my doctor to provide the ITB Pension Funds' Trustees and their Medical Advisor with any such additional information and specialist reports as may be required, and agree to further medical examination as may be felt necessary.

I understand my rights under the Access to Medical Reports Act 1988, have read the summary of my principle rights under the Act given on this form and have retained a copy for my own information.

I have ticked this box only if I wish to have access to further medical information before my doctor supplies it to the Funds Medical Advisor.

Data Protection:

I acknowledge that the Trustees, their advisers and administrators may process data which relates to me during the course of my membership of the Scheme in order to carry out their respective functions as Trustees, advisers and administrators of the Scheme. I agree that the Trustees, the advisers and administrators may record and hold such data and make it available to third parties in the ordinary course of these functions. I understand that the Trustees and any such third party, will comply with the underlying principles of the Data Protection Act 1998.

Signature: **Date:**

ACCESS TO MEDICAL REPORTS ACT 1988

This is a summary of your principal rights under the Act, which is concerned with reports provided for employment or insurance purposes by a medical practitioner who is, or has been, responsible for your clinical care.

OPTION A

You may withhold your consent to an application for the report from a medical practitioner.

OPTION B

You may consent to the application, but indicate your wish to see the report before it is supplied. (You must make the necessary arrangements with the medical practitioner to see the report; it will not be sent to you automatically).

The medical practitioner will be informed that you wish to have access to the report and will allow 21 days for you to see and approve it before it is supplied to the applicant. If the medical practitioner has not heard from you in writing within 21 days of the application for the report being made he/she will assume that you do not wish to see the report and that you consent to its being supplied.

When you see the report, if there is anything in it which you consider incorrect or misleading you can request (but this request must be in writing) that the medical practitioner amend the report, but he/she is not obliged to do so. If the medical practitioner refuses to amend the report, you may:

- withdraw your consent for the report to be issued;
- ask the medical practitioner to attach to the proposal a statement setting out your own view;
- agree to the report being issued unchanged.

Note: the medical practitioner is not obliged to show you any parts of the report which he/she believes might cause serious harm to your physical or mental health or that of others, or which would reveal information about the identity of a third party who has supplied the practitioner with the information about your health unless the third party also consents. In these circumstances, the medical practitioner will so inform you, and your access to the report will be appropriately limited.

OPTION C

You may consent to the application for the report but indicate that you do not wish to see the report before it is supplied. Should you change your mind after the application is made, notify the medical practitioner in writing, he/she should allow 21 days to elapse after such notification so that you may arrange to have access to the report (if the report has not already been supplied before you change your mind).

OPTION D

Whether or not you decide to seek access to the report before it is supplied, you have the right to seek access to it from the medical practitioner at any time up to 6 months after it was supplied.

Please note that where a copy of the medical report is supplied to you, the practitioner may charge a reasonable fee to cover the cost of supplying it.