

FORM B

EMPLOYER INFORMATION IN CONNECTION WITH A DISABILITY EARLY RETIREMENT APPLICATION

HOW TO COMPLETE THIS FORM

FORM B – (to be completed by Employer) Please now forward this Form B together with Form A (the members application) to: The ITB Pension Funds, 23 King Street, Watford, Herts WD18 0BJ

1. EMPLOYEE'S DETAILS

FIRST NAME:

SURNAME:

DATE OF BIRTH:

LENGTH OF SERVICE:

EMPLOYER:

LOCATION:

JOB TITLE:

DOMESTIC CIRCUMSTANCES:

2. DETAILS OF ILLNESS AND INCAPACITY

What is the employee suffering from? (Please state in non-medical terms)

What medical evidence has been supplied? (e.g. medical certificates, doctor's reports)

To what extent can their normal duties NOT be done?

3. LIST OF DUTIES THAT EMPLOYEE NEEDS TO FULFIL ON A REGULAR BASIS

(i)

(iii)

(ii)

(iv)



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.

4. DETAILS OF LENGTH OF ABSENCE AND HOW THIS HAS BEEN MANAGED

From what date has the employee been absent?

Has he/she returned to work at any time from this date? Yes No

If yes, what dates was he/she at work?

What steps have been taken to discuss the absence, alternative work etc.

Are you about to terminate their employment? Yes No

5. REASONS WHY COMPANY SUPPORTS THIS APPLICATION

Why is Disability Early Retirement appropriate in this case?

6. RECOMMENDATION

(To be signed by employee's Chief Executive/Personnel Director ONLY)

I confirm that it is not possible to reasonably re-deploy the applicant to another occupation and recommend consideration for Disability Early Retirement pension.

Signature: **Date:**

7. TO BE COMPLETED BY PERSONNEL DEPARTMENT/SENIOR MANAGER THAT IS HANDLING THIS CASE

Name:

Signature: **Date:**