



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

Date of birth Marital status

Force..... Rank

Warrant number..... Collar number

Type of duties

Station and division Date joined force

Work telephone number Home telephone number

E-Mail address

2. RELEVANT INFORMATION

- (a) I was a 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 delete 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 & iii Yes/No
EARLY PAYMENT OF DEFERRED PENSION - complete section 4 d)i & ii Yes/No

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

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

- (d) Other (please specify) Yes/No

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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)

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(b) If you have made a request for retirement where are you in the process?

(please answer the below 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

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

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

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(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?

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

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(e) (INJURY AWARD CASES)

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

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(ii) What supporting evidence is available?

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(OTHER CASES) Please explain your case

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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:

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Offence:

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Sentence:

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

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

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

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

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7. FURTHER INFORMATION

Have you already taken any legal steps? If so please provide details below

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

If YES, please provide details

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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

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

If YES please give details of reference numbers etc

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

If YES please provide details

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

If YES please give details

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Please provide your GP's details

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

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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)