**Guide to ill-health retirement**

If you’re too ill to work, you might be able to retire from SAUL early.

**What do we mean by too ill to work?**

Every pension scheme has different rules about ill-health retirement. The SAUL Rules say you can retire from SAUL early if you’re too ill to work and that’s likely to be **permanent**. Being permanently ill is important. We won’t be able to pay you an ill-health pension if your health is expected to improve.

If you’re only expected to live for a year or less, you can apply to retire on serious ill-health grounds.

**How do I apply?**

You’ll need to complete our ill-health retirement application form and send us some information about your health to show that you’re too ill to work and your health is unlikely to improve. If you’re employed by a SAUL employer, they’ll give you the application form. If not, you can download it from our website or ask us to send it to you.

We’ll need reports from **two doctors** and from **your employer** if you’re still employed by a SAUL employer (even if you’ve been off work for a while because of illness).

Here are some of the things your **doctors** will need to tell us:

* how your illness affects your day-to-day life
* the treatment you’ve had so far and any that’s planned for the future
* your prognosis – especially if they think your health will improve
* any test results and details of any appointments you’ve had with them recently.

If you’re still employed by your SAUL **employer**, we’ll ask them:

* to send us your job description
* how your illness affects your ability to do your job
* if your working hours or responsibilities have been adjusted because you’re ill
* about any steps they’ve taken to help you do your job while you’re unwell
* for details of any meetings you’ve had with HR or your line manager
* about your work environment generally and anything that’s changed, such as who you work for and with.

If there’s anything else you think we need to know about your health, your work or your circumstances, please tell us when you apply. Telling us as much as possible will help us deal with your application quickly.

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**What happens next?**

SAUL’s medical adviser will review your application and make a recommendation about whether you can retire on ill-health grounds. If they need to know more, they’ll contact your doctor or your employer. They might also ask you to attend an appointment with them.

We’ll use their recommendation to help decide if you can retire and write to you about the decision.

**It can take up to four weeks to assess your application but we’ll always do our best to process it quickly. If you’re seriously ill, please tell us when you apply so we can treat your application as a priority.**

**Who makes decisions about ill-health retirements?**

The SAUL Trustee is responsible for deciding if a member can retire because of ill health. The Trustee asks a panel of pensions experts from SAUL Trustee Company – called the Discretions Committee – to make decisions about individual cases on its behalf. The Discretions Committee will decide if you can retire, based on what SAUL’s Rules say about ill-health retirement.

**What might I get from SAUL?**

If you can retire on ill-health grounds, the pension you get will depend on your circumstances.

* ***If you’re working for a SAUL employer and you’ve been in SAUL for at least two years***we’ll assume that you would have paid in to SAUL until SAUL’s Normal Pension Date – currently the last day of the month before your 66th birthday – when we work out your pension income.
* ***If you no longer work for a SAUL employer, or you’ve been in SAUL for less than two years*** you’ll get the pension income you’ve built up in SAUL, but we won’t assume you would have paid in until SAUL’s Normal Pension Date. Usually, pensions are reduced when we pay them early but we won’t reduce your pension if you retire on ill-health grounds.

You’ll also have the option of a tax-free lump sum, whether or not you’re working for a SAUL employer. The basic option is a lump sum of three times your pension but you can choose a bigger or smaller lump sum, or none at all. We’ll write to you about all your options if your application is approved.

* ***If you’re seriously ill***, with a life expectancy of a year or less, we might be able to pay you a one-off tax-free lump sum instead of the pension and lump sum described above.

**If we pay you an ill-health pension and you start paid work or your health improves, we might stop or reduce your pension. You must tell us if your circumstances change. SAUL’s medical adviser might recommend that we review your health from time to time.**

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**What can I do if my application isn’t approved?**

We can only approve your application if you’re too ill to work and that’s likely to be **permanent**. If we decide you can’t retire, you can:

* **appeal** and ask SAUL’s medical adviser and the Discretions Committee to consider your application again, but only if you have new medical evidence they haven’t already seen, or
* **complain** under our Internal Dispute Resolution Procedure, but only if you think we didn’t follow the SAUL Rules when we decided you couldn’t retire.

If you appeal, we’ll consider the new medical evidence to see if that changes the decision.

If you complain, we’ll look at whether you were treated fairly during the application process and make sure the SAUL Rules were followed. But we won’t re-consider the medical evidence.

To appeal or complain, you can write to us at **SAUL Trustee Company, 1 King’s Arms Yard, London EC2R 7AF.**

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SAUL Trustee Company is registered in England and Wales at the address shown on page 3.
No. 2868875

January 2021

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**Ill-health retirement application**

**part 1 – member’s consent**

To pay you an ill-health pension, the SAUL Rules say you must be likely to be permanently unable to work because of ill-health. This means we need a lot of information about your health before we can decide if you’re eligible to retire.

**About you**

|  |  |
| --- | --- |
| Name: |       |
| SAUL reference: |       |
| Date of birth: |       |
| Marital status: |       |
| Address: |       |
| NHS number: |       |

**Your consent**

We need to ask your doctor for a report about your health. We’ll give the report to SAUL’s medical adviser, who will recommend whether you can retire from SAUL. We need your permission to see the report. You have the right to see the report too. You can tell us if you want to see it below.

We also need your permission to collect, store and process information about your health, because it’s sensitive personal data about you. We won’t share your data with anyone except your doctor, the SAUL medical adviser and, if we need to, our lawyers. In rare circumstances, we might need to contact your former SAUL employer but we’ll check with you before we do. We’ll only keep your data for as long as we need it, this might include reviewing your health again in the future.

You can find out more about how we use your data in our privacy notice at **www.saul.org.uk/privacy** or ask us for a printed copy.

|  |
| --- |
| I give my consent for:[ ]  the Trustee to collect and process data about my health and to share it with relevant third parties [ ]  the SAUL medical adviser to contact my doctor[ ]  the SAUL medical adviser to give the SAUL Trustee any health information that’s relevant to reviewing my ill-health pensionI understand that I have the right to see any medical reports produced about me under the Access to Medical Records Act 1988. [ ]  I want to see the report before my doctor sends it to SAUL. I understand this might take up to three weeks and the SAUL medical adviser won’t be able to look at my case in that time.[ ]  I don’t want to see the report. I understand that I’ll still have the right to see it later if I change my mind. |
| Signed:       |
| Name:       | Date:       |

**Ill-health retirement application**

**Part 2 – SAUL’s Rules about ill-health retirement**

The SAUL Rules tell us what we can pay you. They set out the circumstances for paying an ill-health pension and what you would be entitled to if you can retire early because you’re too ill to work. If you’ve got any questions about the ill-health retirement Rules, please get in touch.

|  |
| --- |
| **Extract from the Rules of the Superannuation Arrangements of the University of London**20.3 **Early or late payment**The deferred benefits under Rule 20.1(1) may be drawn from a date earlier or later than Normal Pension Date in the following circumstances:(1) The Trustee may allow the Deferred Member to draw the deferred benefits immediately if the Deferred Member is suffering from Incapacity. In that case, paragraphs (3) to (6) of Rule 19.4 will apply. The deferred pension will be the Normal Pension revalued to the date of actual retirement. The lump sum of three times the Normal Pension will also be revalued to the date of actual retirement.22.2 **Serious ill health**This Rule 22.2 applies if the Trustee is satisfied, having received the evidence from a registered medical practitioner, that a Member who is entitled to receive a pension is in exceptional circumstances of serious ill-health and is expected to live for less than one year.In such a case, the Trustee may exchange of all or any part of that pension for a lump sum.The following conditions must apply:(1) the Member's pension has not started to be paid(2) the Member has given permission for the pension to be exchanged for a lump sum or, if not, the Member is incapable, in the Trustee's opinion, of deciding whether the exchange is in the Member's interest.(3) immediately before a lump sum is paid under this rule, any pension required to be paid to a widow, widower, surviving Civil Partner or surviving same sex spouse of the Member under section 17 of the 1993 Act will become payable from a separate arrangement under the Scheme.The Trustee will decide the rate used to exchange the pension for a lump sum but the Trustee must take the Actuary's advice and the Actuary must certify that the rate is reasonable. The lump sum must not be more than the actuarial equivalent of the pension, assuming the Member was in normal health and retired at Normal Pension Date on the day before the lump sum became payable. The Trustee must be satisfied that the lump sum is equal in value to the benefits being exchanged, after any increases the Member is entitled to under Rule 24. |

**Ill-health retirement application**

**Part 3 – about your work**

The SAUL Rules say you can only retire from SAUL on ill-health grounds if you’re too ill to work and that’s likely to be permanent. So, we need to ask you about your employment. It will help us make a decision about your application if you can tell us as much as possible about any work you do or, if you’re not working, the last time you were employed.

If you have a job description for your current, or most recent, job or any documents from your employer about how your health has affected your work, please send them with your application.

|  |
| --- |
| Are you working at the moment? Yes [ ]  No [ ] If yes, please tell us about your current job, responsibilities and hours and how your illness has affected your work. If no, when did you stop working? Did you stop working because of your illness? Yes [ ]  No [ ]  |
| Employer:       |
| Job title:       |
| Your responsibilities:       |
| If you’re working at the moment, have your hours been reduced because you’re ill? Yes [ ]  No [ ]  |

**The rest of this form should be completed by your doctor. We’ll need medical reports from two doctors to consider your application for an ill-health pension.**

**Ill-health retirement application**

**part 4 – Doctor’s report**

**About your patient**

|  |  |
| --- | --- |
| Name: |       |
| Date of birth: |       |

Your patient, named above, is applying for an ill-health pension from SAUL.

Please complete this form to tell us about your patient’s current health. Their authority for you to provide this information is in part 1 of the form. We’ll meet the standard cost for you to provide a health report, set by the British Medical Association. Please send us an invoice.

Please answer the questions on this form as fully as possible or provide a separate report covering all of the information requested. Your report will be reviewed by SAUL’s medical adviser who is a doctor and therefore familiar with medical terminology. Please give as much medical detail as possible to enable our medical adviser to fully assess the case.

**Your report**

|  |
| --- |
| In what capacity do you care for the patient?       |
| How long have you known them?       |
| How far back do the medical records go?       |
| Please describe the patient’s illness (please include history, clinical signs, investigation results and diagnosis).      |

**Your report continued**

|  |
| --- |
| Please give a summary of the patient’s treatment (both past and current) including any prescribed drugs. Please also provide details of any consultations with the patient in the last year if possible (we can accept copies of your existing records from any recent appointments).      |
| How does the patient’s illness affect their day-to-day life and functional capacity?      |
| How does the illness affect the patient’s ability to do their current job?      |
| What is the likely course of the illness? Will it affect life expectancy?       |
| Is this a case of serious ill health? Yes [ ]  No [ ]  |
| If our medical adviser asks to examine the patient, are they fit to travel? Yes [ ]  No [ ]  |

**Details of other doctors**

If other doctors have been involved in caring for your patient, please give their contact details below.

|  |
| --- |
| Name:       |
| Job title:       |
| Address:       |
| Phone number:       |
| Email address:       |

|  |
| --- |
| Name:       |
| Job title:       |
| Address:       |
| Phone number:       |
| Email address:       |

**Your signature**

|  |
| --- |
| Signed:       |
| Name:       |
| General Practitioner/Consultant/Other (please specify):       |
| Date:       |
| Address:       |
| Phone number:       |
| Email address:       |

**Ill-health retirement application**

**part 5 – Doctor’s report (second doctor)**

**About your patient**

|  |  |
| --- | --- |
| Name: |       |
| Date of birth: |       |

Your patient, named above, is applying for an ill-health pension from SAUL.

Please complete this form to tell us about your patient’s current health. Their authority for you to provide this information is in part 1 of the form. We’ll meet the standard cost for you to provide a health report, set by the British Medical Association. Please send us an invoice.

Please answer the questions on this form as fully as possible or provide a separate report covering all of the information requested. Your report will be reviewed by SAUL’s medical adviser who is a doctor and therefore familiar with medical terminology. Please give as much medical detail as possible to enable our medical adviser to fully assess the case.

**Your report**

|  |
| --- |
| In what capacity do you care for the patient?       |
| How long have you known them?       |
| How far back do the medical records go?       |
| Please describe the patient’s illness (please include history, clinical signs, investigation results and diagnosis).      |

**Your report continued**

|  |
| --- |
| Please give a summary of the patient’s treatment (both past and current) including any prescribed drugs. Please also provide details of any consultations with the patient in the last year if possible (we can accept copies of your existing records from any recent appointments).       |
| How does the patient’s illness affect their day-to-day life and functional capacity?       |
| How does the illness affect the patient’s ability to do their current job?       |
| What is the likely course of the illness? Will it affect life expectancy?       |
| Is this a case of serious ill health? Yes [ ]  No [ ]  |
| If our medical adviser asks to examine the patient, are they fit to travel? Yes [ ]  No [ ]  |

**Details of other doctors**

If other doctors have been involved in caring for your patient, please give their contact details below.

|  |
| --- |
| Name:       |
| Job title:       |
| Address:       |
| Phone number:       |
| Email address:       |

|  |
| --- |
| Name:       |
| Job title:       |
| Address:       |
| Phone number:       |
| Email address:       |

**Your signature**

|  |
| --- |
| Signed:       |
| Name:       |
| General Practitioner/Consultant/Other (please specify):       |
| Date:       |
| Address:       |
| Phone number:       |
| Email address:       |