

**This form should be submitted via i-Connect (NCC send to PenDocs)**

**(Employers not yet onboarded, post paper copy to:  
Norfolk Pension Fund, County Hall, Martineau Lane, NORWICH, NR1 2DH)**

<b>Employer</b>	<input type="text"/>		
<b>Member's Full Name</b>	<input type="text"/>		
<b>Job Title</b>	<input type="text"/>	<b>Payroll Ref</b>	<input type="text"/>
<b>NI Number</b>	<input type="text"/>	<b>Date of Retirement</b>	<input type="text"/>

In the light of the medical certificate (R18) attached, this member's employment has been terminated on the grounds that he or she is permanently incapable of discharging efficiently the duties of their employment on the grounds of ill health or infirmity of mind or body.

Ill health retirement benefits have been awarded to the member under the tier indicated below.

- Tier 1** – Unlikely to be capable of undertaking gainful employment before their normal pension age.
- Tier 2** – Likely to be capable of undertaking gainful employment before their normal pension age but not within three years.
- Tier 3** – Likely to be capable of undertaking gainful employment within three years or before their normal pension age, if earlier

*'Gainful employment' means paid employment for at least 30 hours per week for at least a year  
'Normal Pension Age' means the individuals State Pension Age*

**Please enclose the medical certificate (form R18) when sending this form to NPF**

Detailed ill-health guidance can be found in your Employer's Administration Manual

### Declaration

**I confirm I am authorised to complete this form on behalf of an Employer participating in the Norfolk Pension Fund.**

**Wet signature if paper copy otherwise input your email address in the 'Signed' box:**

**Signed**  **Date**

**Contact Name**  **Telephone**