

Member Details

If printing, please complete this form using black ink.

Member name:

Date of birth:

Member number:

Email address:

Telephone number:

Job title at date left service:

Employing manager's name:

Employing manager's telephone number:

GP's details

Name:

Address:

Postcode:

Specialist's details

Name:

Address:

Postcode:

Claimant's declaration and consent

- ◆ I declare that I am the claimant.
- ◆ I wish to claim benefit and declare that all the particulars I have given are to the best of my knowledge, true and correct. I hereby consent to the TfL Pension Fund Office processing the particulars relating to my claim, including those in any medical information or health records that may be obtained and may be reviewed by the Fund's independent medical adviser.
- ◆ I hereby consent to and authorise TfL/LU Occupational Health, the general practitioner, specialist and/or hospital involved in my care to review medical or treatment details and discharge arrangements with the TfL Pension Fund Office and to provide access to/copies of such medical records along with written reports as may be requested.
- ◆ I have read (or had explained to me) the statement notifying me of my rights under the Access to Medical Reports Act 1988 and consent to the TfL Pension Fund Office seeking medical information, if needed, from TfL/LU Occupational Health, my general practitioner and specialist(s), so that the TfL Pension Fund Office can deal with my claim for benefit.
- ◆ I do (NOT)* wish to see the medical information before it is sent to the TfL Pension Fund Office.
*Delete the word NOT if you wish to see the information.

Signature:

Date:



It may be necessary for the TfL Pension Fund Office to obtain medical information from TfL/LU Occupational Health, your general practitioner or specialist in respect of your claim. If the TfL Pension Fund needs to do this, your rights under the Act are set out in summary below:

1. You can refuse to give your consent. However, it should be remembered that if you refuse consent we may not be able to process your request.
2. If you give your consent, we will be able to contact TfL/LU Occupational Health, your doctor or specialist directly for information. If you wish to see the information before it is sent to us, delete the word 'NOT' in the declaration on the previous page and we will inform the doctor accordingly.

In this case the doctor will not send it to us until:

- (i) You have seen the information and approved it; or
 - (ii) 21 days have passed since we requested the medical information to be sent to you, and subsequently the doctor has not heard from you.
3. Having seen the information, you can again refuse your consent; again this may affect our ability to process your claim.
 4. You may ask the doctor to change the information if you disagree with it. If he refuses, please tell him to attach a statement of your views to the information.
 5. You may also ask the doctor to let you see all information supplied to us within the last six months.

The sooner the TfL Pension Fund Office receives the information, the sooner your claim can be dealt with.

Note: Your doctor is entitled to charge for supplying you with a copy of the information to cover their costs and this cost is not covered by your membership of the TfL Pension Fund.

Your doctor may refuse to let you see your information if he feels it will do serious harm to your physical or mental health, or it will indicate the doctor's intentions in respect of you, or it may reveal the identity of another person who has supplied information about you who is not a health professional but is involved in your care. In such cases you will be entitled to see the remainder of the information. If this affects all the information, your doctor must obtain your consent before he sends it to us.

From:

If printing, please complete this form using black ink.

Member name:

Member number:

Please read before completing and signing this form

When this form is completed, it will contain personal information about yourself and this information is also known as “personal data”.

The Trustees of the Fund are a “data controller” of personal data held in respect of the Fund and, as such, are responsible for meeting legal requirements in relation to that personal data. More information about the way the Trustees process personal data is available on the Fund website, which can be found online at www.tflpensionfund.co.uk

Some of the information provided may be “sensitive personal data” because it relates to your health. If any sensitive personal data is provided when completing this form, the Trustees will need your explicit consent in order to use that sensitive personal data. To give that consent you need to read this statement carefully, ensure you are comfortable with the acknowledgements made below and then sign and date this form. Please return it to the Fund Office.

You have the right to withdraw consent to the Trustees using the sensitive personal data specified in this form at any time. However, if consent is withdrawn, this will not affect the processing of any personal data which took place beforehand.

If you wish to exercise your right to withdraw your consent, or if you have any queries about completing this form, please contact the Fund Office.

Your acknowledgement and consent

I confirm that I have read and understood the information set out above before completing and signing this form.

I understand that the information provided on this form includes personal data (and may include sensitive personal data) about me. I understand that the Trustees will use the above information for the purpose of processing my application for ill-health benefits and (as required) to review my eligibility for ill-health benefits from time to time and give my consent to the Trustees to the extent that is required.

I consent to the Trustees obtaining medical information about me from my doctor and/or any other medical professional involved in my care for the purposes of my application.

In connection with the administration of the payment of the benefits to which this form relates, I acknowledge that the Trustees may disclose the information contained in this form to such of the Trustees’ professional advisers (including administrators, the Fund’s independent medical adviser, actuaries, auditors, lawyers and my employer) as the Trustees decide and give my consent to the Trustees to the extent it is required.

I also understand and acknowledge that the information that I am providing will be retained by the Trustees for as long as necessary to enable them to process my application for ill-health benefits and (as required) to review my eligibility for ill-health benefits from time to time, to deal with any queries that may arise, and in order to ensure the proper administration of the Fund.

DECLARATION

By signing this form, I give the acknowledgements and consent (to the extent required) set out in the Data Protection Statement.

Signature:

Date:

