



**The former employer should fill in this page and follow the instructions at the bottom**

Employer	<input type="text"/>		
Member's Full Name	<input type="text"/>		
NI Number	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address	<input type="text"/>		
	Postcode	Telephone	

Former Place of Work	<input type="text"/>		
Nature of Former Employment	<input type="text"/> (attach copy of job description)		
Date LGPS Membership Ended	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Application for Early Payment	<input type="text"/> / <input type="text"/> / <input type="text"/>
Was the member referred to an approved Independent Registered Medical Practitioner to assess eligibility for an ill-health pension when the LGPS membership ended?			<input type="text"/> Yes / No

**Declaration**

I confirm I am authorised to complete this form on behalf of an Employer participating in the Norfolk Pension Fund **If completing this form electronically add your email address to the "Signed" box:**

Signed	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Contact name	<input type="text"/>	Telephone	<input type="text"/>

Once this page has been completed, the Employer should send the form, together with a blank deferred benefit ill-health retirement certificate, form R18(DB), to an independent registered medical practitioner approved by the Norfolk Pension Fund.

The IRMP should complete the certificate and return both forms to the employer.

The employer should then complete the back page of this form and send both forms to:

**Norfolk Pension Fund, Lawrence House, 5 St Andrews Hill, NORWICH, NR2 1AD**

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



Norfolk Pension Fund

When returned from the IRMP the **Employer** can complete Page 2 and send both pages of this form to NPF together with the R18(DB)

LOCAL GOVERNMENT PENSION SCHEME

III-Health Retirement  
Early Payment of Deferred Benefit  
Employer's Decision Notice

To be completed by the employer when form R18(DB) has been received from the IRMP

Employer

Member's  
Full Name

Please tick one box below, enter a date if applicable, and then sign the form

I certify that based on the medical certificate enclosed, this member's deferred benefit

**SHOULD** be paid early with effect from (insert date)

*The date entered should have regard to any date specified by the IRMP on the medical certificate*

**SHOULD NOT** be paid early. The member has been told.

### Declaration

I confirm I am authorised to complete this form on behalf of an Employer participating in the Norfolk Pension Fund **If completing this form electronically add your email address to the "Signed" box:**

Signed

Date

Contact  
Name

Telephone

The employer should send this form and the ill-health certificate, form R18(DB), to:

Norfolk Pension Fund, Lawrence House, 5 St Andrews Hill, NORWICH, NR2 1AD

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

