

Request form for retirement due to ill-health



This form is in two parts. Part A must be completed by you and part B by a registered medical practitioner. Both parts must be returned to Aviva.

Part A – To be completed by the policyholder

Policyholder name	<input type="text"/>								
Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Policy number	<input type="text"/>								
Scheme name	<input type="text"/>								

Retirements benefits may be paid before the normal minimum pension age as a result of ill-health. The minimum pension age is currently age 55. From 6 April 2028 this will be age 57 unless you have a protected pension age. To find out more visit [aviva.co.uk/nmpa](https://www.aviva.co.uk/nmpa). Before we can pay any retirement benefits to you, we need to receive and accept qualified medical advice. We need this to satisfy His Majesty's Revenue & Customs [HMRC] ill-health condition. The ill-health condition is met if:

- Aviva has received evidence that you are, and will continue to be, medically incapable (either physically or mentally) of continuing your current occupation as a result of:
 - injury,
 - sickness,
 - disease or
 - disability,

and you have ceased to carry on that occupation.

I'm the owner and/or director of the participating employer (or associated company) in the above-named scheme or I'm connected to such a person.

I'm **not** the owner and/or director of the participating employer (or associated company) in the above-named scheme nor am I connected to such a person.

Why do we ask you this?

HMRC require scheme administrators to declare when a scheme pays some ill-health benefits to an owner and/or director of the participating employer (or associated company) in a scheme.

Please arrange for part B to be completed by your registered medical practitioner (Doctor) and return both part A and B back to Aviva. Thank you.

My occupation was	<input type="text"/>								
I confirm that from	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

- I ceased the above occupation
- I do not currently have an occupation
- I'll advise Aviva immediately if there are any changes to the information that I've given

Signature	<input type="text"/>								
Name (in Block Capitals)	<input type="text"/>								
Phone number	<input type="text"/>								
Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Part B – To be completed by the registered medical practitioner

Patient name	<input type="text"/>								
Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<p>Your patient, named above, wishes to retire as a result of ill-health. Before we can pay any retirement benefits to a policyholder, we need to receive and accept qualified medical advice. We need this to satisfy HMRC ill-health condition. The ill-health condition is met if:</p> <ul style="list-style-type: none">• Aviva has received evidence that the patient is, and will continue to be, medically incapable (either physically or mentally) of continuing their current occupation (see the description below) as a result of:<ul style="list-style-type: none">– injury,– sickness,– disease or– disability, <p>and they have ceased to carry on that occupation.</p> <p>HMRC need this form to be completed:</p> <ul style="list-style-type: none">• for UK resident members, by a registered medical practitioner, as defined in the Medical Act 1983, or• by someone with a certificate of equivalent overseas qualifications, if the member is a non-UK resident.									
“Current occupation” description									
<p>For a patient to be able to take retirement due to ill-health they need to meet the ill-health condition. This is where they're unable to carry out essential duties of their current occupation ie the one they've had to give up. This must be permanent and irreversible.</p> <p>The essential duties of an occupation are those that cannot be reasonably omitted without affecting the ability to carry out that occupation.</p>									
<p>I confirm that my patient named above meets HMRC's definition of ill-health as described above and is unable to continue his/her current occupation.</p>									
Signature of registered medical practitioner (Doctor):	<input type="text"/>								
Full name of registered medical practitioner (Doctor) (Block Capitals):	<input type="text"/>								
GMC registration number	<input type="text"/>								
Address	<input type="text"/> <input type="text"/> <input type="text"/>								
	Postcode								
Phone number	<input type="text"/>								
	<table border="1"><tr><td>Stamp of medical practice/hospital</td></tr></table>	Stamp of medical practice/hospital							
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	Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Data Privacy

To learn about how Aviva processes Personal Information, please see our privacy policy at [aviva.co.uk/privacypolicy](https://www.aviva.co.uk/privacypolicy). It's updated from time to time to take account of changes in our business activities, legal requirements and to make sure it's as transparent as possible, so please check back in to see the latest version. A paper copy can be provided on request by writing to: Data Protection Team, PO Box 7684, Pitheavlis, Perth, PH2 1JR.

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