



**APPLICATION FROM AN EMPLOYER IN RESPECT OF AN EMPLOYEE MEMBER TO BE RETIRED ON
ACCOUNT OF PERMANENT ILL-HEALTH, PHYSICAL DISABILITY OR SEVERE BODY INJURY**

PORTION A:

Particulars of Employee (To be completed by employer)

1. Initials and Surname _____
2. ID Number _____ 3. Pension Number _____
4. Designation _____
5. Employing Local Authority _____
6. According to a report received from _____ he/she is no longer capable of performing his/her present duties.

PORTION B:

Nature and Permanency of disability (To be completed by employer)

1. Nature

1.1 The following illness, injury or mental deviation renders him/her incapable of discharging his/her current duties:

1.2 He/She experiences the following symptoms and it restricts his/her ability to work as follows:

1.3 He/She has approached the following medical practitioners and/or other professional personal in this regard:

1.4 He/She is now spending his/her days as follows:

2. Permanency of disability

2.1 Can he/she in your opinion resume his/her duties within the next 6 months? Please motivate.

PORTION C:

Retirement

1. In view of the circumstances of this member's case as stated in portion B above, I hereby apply for said member to be retired on account of permanent ill-health, physical disability or severe bodily injury subject to the conditions of the relevant pension regulations.

2. The member has no objection to/ objects to any further medical reports and evidence regarding his/her state of the health as may be required by the Committee of Management, being obtained, including a further medical examination by impartial medical practitioners when this case is dealt with by the Committee.

PORTION D:

General

Please supply any other information which in your opinion may influence the application:

Signed at _____ on the _____ day of _____ 20____

SIGNATURE OF EMPLOYER

SIGNATURE OF WITNESS