



DEFERRED ILL HEALTH FACTSHEET

WHO IS THIS FACTSHEET FOR?

This factsheet is for deferred members of the Shell Contributory Pension Fund (SCPF) and/or the Shell Overseas Contributory Pension Fund (SOCPF) who:

- have not yet reached Normal Pension Age (for most pre-2009 members this is age 60, and for post-2009 members, this is age 65), and
- who meet the definition of incapacity in the SCPF / SOCPF's Rules, and
- would like to start receiving their pension before age 55.

WHO IS ELIGIBLE FOR A DEFERRED ILL HEALTH PENSION?

At the discretion of the Trustee, you may be entitled to a deferred ill health pension if:

- you have not yet reached your Normal Pension Age, and
- your last Employing Company in the Shell Group of companies decides, on the basis of certified medical advice from a registered medical practitioner, that you are suffering from a physical or mental impairment that prevents you from working in the occupation that you had at the time that your pensionable service ceased (and will continue to do so).

HOW IS A DEFERRED ILL HEALTH PENSION CALCULATED?

If you qualify for an ill health pension, then your deferred pension entitlement is reduced to reflect that it will start to be paid early, and is therefore likely to be paid for a longer period of time.

Please follow the steps in the example on page 2 to calculate what your estimated annual pension could be if an ill health pension is awarded.

This factsheet provides a summary of the benefits available from the SCPF and SOCPF. Benefits can only be paid in accordance with the Trust Deed and Regulations and relevant law at that time.

EXAMPLE

Meet Janice, she is 52 years old and is a deferred member of the pre-2009 section of the SCPF. She left Shell in 2015 and has since found she is unable to work due to ill health. Janice would like to investigate applying for an ill health pension but before she does, she would like to calculate the value of the pension that may be payable. To do this Janice follows the next three steps:

Step 1

Find your most recent SCPF deferred benefit statement.

Janice looks at her most recent benefit statement to find the current amount of her deferred SCPF (and SOCPF if applicable) pension. Janice's most recent benefit statement shows that her deferred entitlement from the SCPF is £21,500 a year.

Step 2

Apply the reduction factor to the deferred entitlement (see table of factors in Appendix 1).

As Janice is 52, and a deferred member of the pre-2009 section of the SCPF, the reduction factor at that time is 0.68.

Janice has calculated that the estimated ill health pension that could be payable to her is £14,620 a year [$£21,500 \times 0.68$], subject to meeting the criteria set out by the Employing Companies of the SCPF and SOCPF.

Step 3

Apply for an ill health pension.

Janice decides that she wants to apply for an ill health pension and so does the following:

- Completes the Deferred Ill Health Pension Application form (Form 1)
- Arranges for her medical Practitioner to complete the Medical Evidence for Shell Ill Health Pension Application form (Form 2), and
- Completes the Access to Medical Reports form (Form 3).

Once the Medical Evidence for Shell Ill Health Pension Application form is completed she returns it in a sealed envelope together with the Deferred Ill Health Pension Application Form and Access to Medical Reports form to Shell's UK Retirement and Leavers Policy Lead for the decision from her last Employing Company.

If her last Employing Company decides she is suffering from a physical or mental impairment that prevents her from working in the occupation that she had at the time she ceased pensionable service (and will continue to do so) **and** if Janice's application for an ill health pension is approved by the Trustee, she will receive a pension pack setting out the options available to her. Janice will need to complete the relevant paperwork and return to the Trustee Services Unit in order for her pension to be put into payment.

If Janice does not meet the criteria to be awarded an ill health pension, the Trustee Services Unit will write to her to confirm the outcome of the decision.

Form 1



DEFERRED ILL HEALTH APPLICATION FORM

First Name(s)	Last Name	Pension Number

REASON FOR APPLICATION

I have enclosed a copy of the Medical Evidence for Shell Ill Health Pension Application form in a sealed envelope as well as the Access to Medical Reports form. By signing this form, I confirm I consent for my medical information to be shared with Shell Health for the purpose of determining my eligibility to receive a deferred ill health pension.

Signature	
Date	



MEDICAL EVIDENCE FOR SHELL ILL HEALTH PENSION APPLICATION

Part 1 (to be completed by the applicant)

NAME	
DATE OF BIRTH	
ADDRESS	
DATE OF LEAVING SHELL	
OCCPATION IN SHELL	
OCCUPATION SINCE LEAVING SHELL	

Part 2 (to be completed by the applicant's general practitioner or treating specialist)

Thank you for completing this form for your patient. Please give as much detail as possible to help us to see if they meet the eligibility requirements for an ill health pension.

Any costs for completing this form are for the applicant to pay.

1. Please give the exact diagnosis(s)
2. When was the condition(s) first diagnosed?
3. What treatment are they currently receiving?

4. What treatment has been given in the past?
5. Is there any further treatment planned?
6. What is the prognosis?
7. How does their condition(s) impact on their day to day living and function?
8. Any other useful information or supporting evidence you can provide:

NAME OF DOCTOR		STAMP
SIGNATURE		
DATE		
GMC NUMBER		
SURGERY ADDRESS AND CONTACT DETAILS		



ACCESS TO MEDICAL REPORTS FORM

NAME	
DATE OF BIRTH	
ADDRESS	
TELEPHONE NUMBER	
NAME AND ADDRESS OF MEDICAL PRACTITIONER	
TELEPHONE NUMBER	

I hereby consent to a medical report being supplied in confidence to Dr, _____ Shell Health Services, London.

I understand my rights under the Access to Medical Reports Act 1988, and have read the summary of my principal rights under the Act attached to this form.

- *I wish to receive a copy of the medical report at the time it is sent to Shell Health
- *I do not wish to receive a copy of the medical report
- *I wish to have access to the medical report before it is supplied to Shell Health

*Delete as appropriate

Signature	
Date	

ACCESS TO MEDICAL REPORTS ACT 1988

This is a summary of your principal rights under the Act, which is concerned with reports provided for employment or insurance purposes by a Medical Practitioner who is, or has been, responsible for your clinical care.

OPTION A

You may withhold your consent to an application for the report from a Medical Practitioner.

OPTION B

You may consent to the application but indicate your wish to see the report before it is supplied. (You must make the necessary arrangements with the Medical Practitioner to see the report; it will not be sent to you automatically).

The Medical Practitioner will be informed that you wish to have access to the report and will allow 21 days for you to see and approve it before it is supplied to the applicant. If the Medical Practitioner has not heard from you in writing within 21 days of the application for the report being made he/she will assume that you do not wish to see the report and that you consent to it being supplied.

When you see the report, if there is anything in it which you consider incorrect or misleading, you can request (but this request must be in writing) that the Medical Practitioner amends the report, but he/she is not obliged to do so. If the Medical Practitioner refuses to amend it you may:

- a) withdraw consent for the report to be issued.
- b) ask the Medical Practitioner to attach to the report a statement setting out your own views.
- c) agree to the report being issued unchanged.

NOTE

The Medical Practitioner is not obliged to show you any parts of the report which he/she believes might cause serious harm to your physical or mental health or that of others, or which would reveal information about a third party or the identity of a third party who has supplied the Practitioner with information about your health, unless the third party also consents. In those circumstances, the Medical Practitioner will so inform you and your access to the report will be appropriately limited.

OPTION C

You may consent to the application for the report, but indicate that you do not wish to see the report before it is supplied. Should you change your mind after the application is made and notify the Medical Practitioner in writing, he/she should allow 21 days to elapse after such notification so that you may arrange to have access to the report (if the report has not already been supplied before you changed your mind).

OPTION D

Whether or not you decide to seek access to the report before it is supplied, you have the right to seek access to it from the Medical Practitioner at any time up to six months after it is supplied.

Please note that where a copy of the medical report is supplied to you the Practitioner may charge a reasonable fee to cover the cost of supplying it.

APPENDIX 1

Indicative table of factors

Age	Pre 2009 Section	Post 2009 Section
65	N/A	1.000
64	N/A	0.960
63	N/A	0.920
62	N/A	0.880
61	N/A	0.840
60	1.000	0.800
59	0.960	0.760
58	0.920	0.720
57	0.880	0.680
56	0.840	0.640
55	0.800	0.600
54	0.760	0.585
53	0.720	0.570
52	0.680	0.555
51	0.640	0.540
50	0.600	0.525
49	0.585	0.510
48	0.570	0.495
47	0.555	0.480
46	0.540	0.465
45	0.525	0.450
44	0.510	0.435
43	0.495	0.420
42	0.480	0.405
41	0.465	0.390
40	0.450	0.375
39	0.435	0.360
38	0.420	0.345
37	0.405	0.330
36	0.390	0.315
35	0.375	0.300
34	0.360	0.285
33	0.345	0.270
32	0.330	0.255
31	0.315	0.240
30	0.300	0.225

Please note that these factors are for indicative purposes only, are subject to regular review and can be changed at any time.