



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.

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

I WOULD LIKE TO APPLY FOR AN ILL-HEALTH PENSION

To apply for an ill-health pension you will need to do the following:

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

Once the Medical Evidence for Shell Ill Health Pension Application form is completed, please return 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 your last Employing Company.

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

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

CONTACT DETAILS

If you have queries regarding this factsheet, please email the Pensions Administration Team at UK-PensionsAdmin@shell.com or call the team on +44 (0)20 7934 1190

Form 1

DEFERRED ILL HEALTH APPLICATION FORM



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	

Form 2



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		

Form 3

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 that 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 that he/she believes might cause serious harm to your physical or mental health or that of others, or that 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.