

Member Consent Form (to be completed by the Member)

This Consent Form is given in respect of an application for a report from a Member's own GP and / or Specialist to the Trustee of the Scheme to enable them to make a decision in respect of the Member's request for Ill Health Retirement. The form will subsequently be forwarded to the Trustee of the Scheme.

Please complete this Consent Form and return to First Actuarial:

Member details: to be completed by the Member	
Name:	
Home address:	
Date of Birth:	
Contact telephone number:	
Name of GP:	
Name of Specialist: (if appropriate)	
Contact Address of GP/Specialist:	
Contact number of GP/Specialist:	

I understand my rights under the Access to Medical Reports Act, 1988. The latest version of this Act can be found on www.legislation.go.uk. Please read the following statement and then sign to signify your agreement.

I consent to First Actuarial LLP, acting on behalf of the Trustees of the Scheme, to obtain a medical report from my GP and/or Specialist and to subsequently forward this to the Trustees of the Scheme.

Signed..... Date.....

First Actuarial LLP, Trafford House, Chester Road, Manchester, M32 0RS

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