

Support Services

Directorate



KENT POLICE ESSEX POLICE



Supporting policing
in Kent and Essex

Pension G & C

REVIEW OF DEGREE OF DISABLEMENT EARNINGS CAPACITY AS A RESULT OF INJURY IN THE EXECUTION OF DUTY QUESTIONNAIRE

Name: _____ Date of Retirement: _____

The Police Pension Authorities for Essex and Kent Police, in exercising the powers conferred upon them under Police Pensions Regulations 1987 and Police Injury Benefit Regulations 2006, is to consider whether your disability (i.e. the reason for your retirement) has ceased and the degree to which your earning capacity is affected (your injury award). To assist in this process, you are required to complete this questionnaire fully and accurately.

Your injury award is currently assessed at _____ %.

PLEASE ANSWER ALL QUESTIONS

1. Are you currently employed? Yes ☐ No ☐ Full-time ☐ Part-time ☐

Are you currently self-employed Yes ☐ No ☐ Full-time ☐ Part-time ☐

How many hours do you work per week?

2. Employer's or business name and address (including self-employed).

3. What date did you commence work in your current role?

4. Please state your job title and describe what you do and enclose a job description where available?

5. Describe the physical requirements of the work you currently perform, e.g. distances that you drive and/or walk, number of hours sitting or standing per day, lifting or bending etc.

6. What are your current gross earnings from employment? £ p.a.

If self-employed, income before deductions. £ p.a.

(Include any explanation if required on separate sheet).

7. Please provide a copy of your last P60.

8. Have you done any other work since your retirement: Yes ☐ No ☐

If yes, please give details including dates, salary or other earnings. (This should include all work, paid or unpaid, full or part-time, casual, helping out in a friend's or relative's business, job jobs, voluntary work etc.).

Date:	Work type:

(Continue on separate sheet, if necessary).

9. If you are not employed, have you attempted to find work? Yes ☐ No ☐

If yes, please give details of positions applied for, dates etc. If no, please give reasons.

10. Do you receive any other earned income? Yes ☐ No ☐

If yes, please give details (exclude pension) ..

11. Has the Benefits Agency assessed your disability? Yes ☐ No ☐

N.B. In accordance with the Regulations, you are entitled to claim all relevant benefits, e.g. Incapacity Benefit, Industrial Injury Benefit, Reduced Earnings Allowance. If you fail to do so, an equivalent amount may be deducted from your Injury Award Pension.

If yes, the date and result (% disablement) of your last assessment.

12. Please give details of any Social Benefits you currently receive.

N.B. To prevent any under or overpayment of your pension, the Regulations require you to notify the Police and Crime Commissioner for Essex, i.e. Pensions Services at County Hall, of all benefits received and any subsequent changes.

£	per week	<input type="checkbox"/>	month	<input type="checkbox"/>
£	per week	<input type="checkbox"/>	month	<input type="checkbox"/>
£	per week	<input type="checkbox"/>	month	<input type="checkbox"/>

13. Do you drive/ride motor vehicles? Yes ☐ No ☐

If yes, please give details below.

1) Make/model:	Manual <input type="checkbox"/>	Auto <input type="checkbox"/>	Weekly mileage:
2) Make/model:	Manual <input type="checkbox"/>	Auto <input type="checkbox"/>	Weekly mileage:
3) Make/model:	Manual <input type="checkbox"/>	Auto <input type="checkbox"/>	Weekly mileage:

14. Do you participate in any sporting, fitness/gym or other regular recreational activity?

Yes ☐ No ☐

If yes, please give details, frequency etc.

15. Is there any sporting, fitness or other recreational activity you used to do which, as a result of your disability, you can no longer do?

Yes ☐ No ☐

If yes, please give details, dates etc., of when you were last able to do them. (Continue on a separate sheet, if necessary).

16. Are there any everyday activities you used to do which, as a result of your disability, you can no longer do?

Yes ☐ No ☐

If yes, please give details, including dates etc., of when you were last able to do these activities. (Continue on a separate sheet, if necessary).

17. Has your medical condition in respect of your disability changed since you retired?

Yes ☐ No ☐

If yes, please provide details and date of the change(s). (If you wish, you may provide this information separately in a sealed envelope addressed to the Force Medical Adviser).

18. Have you any additional medical conditions since you have retired?

Yes ☐ No ☐

If yes, please give details.

19. Please include any other relevant information not included in your replies elsewhere in this questionnaire. (Continue on separate sheet, if necessary).

20. Is the name and address shown on the accompanying letter correct?

Yes ☐ No ☐

If no, please give your correct details below.

Post code:

E-mail:

21. Please provide contact telephone numbers (home and mobile) should we need to contact you either before or on the day of your appointment.

Home:

Mobile:

Thank you for your assistance.

CONSENT DECLARATION

I, _____ (print full name), declare that the information I have provided is correct to the best of my knowledge and belief and I understand that I may be liable for prosecution and/or payment of my injury award may be reduced or suspended if I have provided any information which is either misleading or inaccurate.

Signed: Date:

HM REVENUE CONSENT

I, _____ (print full name), consent to the Inland Revenue providing Essex Police (Police Ill-Health Pensions Review and Monitoring) with details of my employment(s) and earnings since my medical retirement.

Signed: Date:

DWP CONSENT

I, _____ (print full name), consent to the Department of Work and Pensions (Benefits Agency) providing the Pension Authority for Essex (Pensions Services) with details of all relevant benefits paid to me since my retirement.

Signed: Date:

MEDICAL CONSENT

I, _____ (print full name), consent to the Pension Authority seeing full particulars of my medical records since my retirement and agree to those records being reviewed by the Pension Authority's Selected Medical Practitioner.

The name and address of my general practitioner is as follows;

Signed: Date: