

Withdrawing money from PensionBee if you're incapable of work due to health reasons

If you're not working and are unable to do so due to a medical condition, then you might be able to withdraw money from your PensionBee Plan.

If you're already aged 55 or over then you'll be able to withdraw money from your pension, via the BeeHive in the usual way, and these forms are not required.

What are the conditions?

- You must not currently be in work due to either physical or mental impairment.
- You must not be able, nor intend to return to work.
- We must receive written confirmation from a fully registered medical practitioner that you're incapable of working now, or in the future, in any job due to either physical or mental impairment, and this must date back to when you ceased employment.

What now?

You should complete section one of this form if you'd like to withdraw funds from your PensionBee Plan due to being incapable of work. You'll then need to give the form to a registered medical practitioner for them to complete section two. A list of registered medical practitioners can be found at the following website <https://www.gmc-uk.org/doctors/register/LRMP.asp>.

What next?

Once we receive the forms back, we'll assess the information and let you know our decision and any next steps including the withdrawal option available. This isn't always a straightforward process and may involve us requesting further information from yourself, your existing doctor, or other medical professionals. We may also request further information to evidence that you're out of work. We'd like to make clear that this isn't a standard process and, due to the complexity and varying factors involved, may take anywhere from a number of weeks to a number of months.

Full information regarding our Ill Health Policy can be found within our Terms & Conditions.

Section One - Customer declaration

This section should be completed by the PensionBee member in **CAPITAL LETTERS**.

Personal Details

Full Name

PensionBee Plan Number

Date of Birth

National Insurance Number

Please provide any relevant information to your circumstances, for example when you finished working and why.

Ill health declaration

I'm not currently working and don't expect to be able to return to any type of work at any point in the future as a result of my incapacity. I understand that I'm responsible for any costs charged by my doctor for completing section two of this form and any further costs that may be incurred by any medical professional in respect of my request. I understand it's possible that I won't be able to take my entire PensionBee Plan as cash prior to age 55. I consent to you contacting my doctor to discuss the information provided in this form if required.

I declare that I'm aware that all information I provide must be, to the best of my knowledge, factual and correct and must not omit any material facts relevant to my claim. I'm aware that I'd be subject to tax penalties in the event benefits were paid to me under ill health rules and it were to transpire that I don't meet the eligibility criteria.

By signing this form you're agreeing to the statements above.

Data Protection Act notice: under the Data Protection Act 2018 and any associated data protection legislation, the information we will obtain about you may be classed as sensitive personal data. Any information we obtain about you from yourself or third parties will be kept strictly confidential. However, it may be used by us or passed to doctors, insurance industry bodies or HM Revenue & Customs for any administrative, complaints, audit and/or claims purposes. By signing this form you're giving us your agreement to use your sensitive personal data for the purposes described above.

Signed

Date

Print Name

Section Two

Information required from a Registered Medical Professional

This section should be completed by a Registered Medical Professional in **CAPITAL LETTERS**.

Patient's Full Name

Patient's Date of Birth

Patient's Occupation

Patient's National Insurance Number

Date Patient Finished Working

Details of impairment (please describe the medical condition(s) that has caused the patient to stop working and which renders them incapable of carrying out any occupation).

Did the patient cease working due to the condition(s) mentioned above?

Yes

No

Will the condition(s) render the patient incapable of working ever again if untreated?

Yes – I hereby certify that the above patient is (and will continue to be) incapable of carrying out any occupation due to physical or mental impairment.

No

Section Two - continued

Is there any treatment readily available which may enable the patient to work again?

Yes

No

If yes, in your opinion what is the likelihood that the readily available treatment would allow the patient to work again?

Medical Practitioners Confirmation

I confirm that, to the best of my knowledge, the information I have provided is factual and correct.

I'm happy for PensionBee to contact me using the contact details listed below to discuss this patient where they need further clarification to review eligibility criteria for ill health retirement.

Signature of Registered Medical Practitioner

Name of Signatory (in block capitals)

GMC Reference Number

Date

Surgery Telephone Number

Surgery Email

Surgery Address

Surgery Stamp

Please return this declaration to: PensionBee, 209 Blackfriars Road, London, SE1 8NL.