

COMET PENSION SCHEME

Medical Report to support early retirement on the grounds of incapacity

Name:

**National Insurance
Number:**

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This information is required for an application by a former employee of Comet Group plc to the Trustee of the Comet Pension Scheme for an ill health early retirement pension.

IF INSUFFICIENT INFORMATION IS PROVIDED THE APPLICATION IS LIKELY TO BE REJECTED

1. Are you the patient's usual doctor? **Yes / No**

If not please state the name and address of the patient's usual doctor.

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2. What significant health problems does your patient have? Please give a full diagnosis of present conditions with copies of any relevant consultant opinions and results of investigations.

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3. For how long has the patient had the condition?

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4. How does the condition interfere with work and daily life? Eg. mobility, walking, driving, activity, intellectual capacity, sleep and personal relationships?

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5. Is there anything in your patient's medical history not covered previously, which might be relevant to the incapacity?

6. Is there expected to be any improvement or deterioration in the condition in the coming months or years?

7. Could the patient's incapacity be treated whilst engaged in any sort of employment?

8. Considering the patient's disabilities, do you consider that he or she is capable of any type of work (part time or full time)?

Yes / No

9. Are there any other factors of which the Trustee should be aware which are relevant to the patient's incapacity?

10. I do / do not support this claim for early retirement on the grounds of incapacity.

Yes / No

Signature of examining doctor: _____

Date: _____

Doctors name, address and stamp:

Please return to: PS Secretarial Services, Albion, Fishponds Road, Wokingham, Berkshire RG41 2QE