

PIHQ V03 0618

For office use only

Type of policy	Our reference number
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Patient details

Title	First names (in full)	Surname
Occupation - please provide exact nature of duties		
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Filling in this form

This patient has applied to Standard Life to take their pension benefits early due to serious ill health or terminal illness.

Certain Revenue requirements must be met

For company pensions: the patient must be suffering from (a) a physical or mental deterioration that is bad enough to **prevent them from following their normal occupation or which very seriously impairs their earning capacity** or (b) a terminal illness (**where the expectation of life is months rather than years**). We are required to report terminal illness cases to the Revenue.

For personal pensions and PRSAs: the patient must be suffering from a physical or mental deterioration that is bad enough to **permanently prevent them from following their occupation**.

Please do not disclose your patient's genetic test results. We will ignore genetic test results that we receive.

We collect, process and maintain patient personal information and apply safeguards to ensure that it is protected and used in accordance with data protection law. To read our Privacy Policy, visit www.standardlife.ie/privacy

If you charge a fee for completing this report, please bill your patient. Standard Life will not pay for this report.

Health questions

1. What is the nature of the patient's illness or condition?

2. What disabilities does this cause?

Health questions (continued)

3. Do you consider the patient able to carry out any of their normal occupational duties? Please provide rationale for your opinion.

4. Do you consider it likely that the patient will ever recover sufficiently to be able to work again? Yes No

Please provide rationale for your opinion. If appropriate, when in your opinion would you expect the patient to return to work?

5. Please provide any further information you consider relevant

6. What is the patient's life expectancy in months?

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Only complete question 6 if your patient has a company pension and asked that they should be considered terminally ill.

Doctor's declaration

I declare that the information given in this form is true and complete, to the best of my knowledge and belief.

Doctor's signature



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Date

(DD/MM/YYYY)

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Doctor's name

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Doctor's address

Practice stamp

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Signature

Once this questionnaire has been completed, please return it using the pre-paid envelope to:

**The Chief Medical Officer
Standard Life
90 St Stephen's Green
Dublin 2**

Calls may be monitored and/or recorded to protect both you and us and help with our training. Call charges will vary.

(01) 639 7000 www.standardlife.ie customerservice@standardlife.ie

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