

USS Ill health retirement application

# Please return this form to:

**Universities Superannuation Scheme Limited, Royal Liver Building, Liverpool, L3 1PY**

# Please complete this form using BLOCK CAPITALS

All fields highlighted with an asterisk (\*) are mandatory

# Member Details

Title Surname \*

First names

National Insurance number \* Proposed date of retirement

# Current salary details

Current annual salary (£) \*

Part-time service fraction \*

If application is approved does the institution now, or in the future, intend to offer the member any form of re- employment?\* (Y/N)

If ‘Yes’ please provide details of duties, salary and hours of work

# Institution Details\*

Institution

Administrator’s name Position

Email address Date

# Declaration by the employer \*

To Universities Superannuation Scheme Limited:

On behalf of the institution, I confirm that it is the opinion of the institution that the member named above is suffering ill health or injury which causes the member to be able for a period of at least 5 years from the date hereof, or (if longer) a period commencing on the date hereof and expiring on the member’s 65th birthday, to discharge the duties of neither:

* The USS eligible employment currently held by the member; nor
* Any other employment either (i) which has a scope and a nature similar to that current eligible employment (whether or not available) or (ii) for which any employer would be likely to pay the member more than 10% of the salary of their current eligible employment.

Signed: Date:

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