

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

Part-time service fraction * _____

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 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 (whether or not available) either (i) which has a scope and a nature similar to that current eligible employment or (ii) for which an employer participating in USS would be likely to pay the member more than 10% of the salary of their current eligible employment.

Signed: _____

Date: _____