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|  | PENSIONS ACT 1995, Section 50  Internal Dispute Resolution Procedures |  |
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**IDRP APPLICATION**

*This application may be submitted by a person (or nominated representative) who is (a) an active, deferred or pensioner member of the 1992 Firefighters’ Pension Scheme, the 2006 Firefighters’ Pension Scheme or the 2015 Firefighters’ Pension Scheme; (b) a widow, widower or surviving dependant of a deceased member of the 1992 Scheme, 2006 Scheme or 2015 Scheme; (c) a surviving non-dependant beneficiary of a deceased member of the 1992 Scheme, 2006 Scheme or 2015 Scheme; (d) a prospective member of the 2015 Scheme; (e) persons who have ceased to be within any of the categories in (a) to (d); or (f) persons who claim to be a person mentioned in (a) to (e) and the dispute relates to whether he is such a person.*

*When the form has been completed it should be signed and sent, with any relevant attachments, to the Firefighters’ Pension Scheme Administrator, Humberside Fire & Rescue Service Headquarters, Summergroves Way, Hull, East Yorkshire, HU4 7BB*

**TO THE FIREFIGHTERS’ PENSION SCHEME ADMINSTRATOR, HUMBERSIDE FIRE & RESCUE SERVICE:**

1. I wish to apply for a decision to be made, under Section 50 of the Pensions Act 1995, in respect of the disagreement set out in this application.
2. I understand that an application may not be made where, in respect of a disagreement:
   * A notice of appeal has been issued under the Firefighters’ Pension Scheme 1992; the Firefighters’ Pension Scheme 2006; the Firefighters’ Compensation Scheme 2006; or the Firefighters’ Pension Scheme 2015; to a board of medical referees, against a decision on an issue of a medical nature, or
   * Proceedings in respect of this dispute have begun in any court or tribunal, or
   * The Pensions Ombudsman has commenced an investigation into a complaint or a dispute referred to him.
3. The nature of the disagreement is set out overleaf and, where relevant, on the attached page(s).

*Give the following details (in block capitals) in all cases*

Full name of scheme member: Click or tap here to enter text.

Rank and Brigade number: **Click or tap here to enter text.**

Address of scheme member: **Click or tap here to enter text.**

Member’s date of birth: **Click or tap here to enter text.**

National Insurance Number: **Click or tap here to enter text.**

*Give the following details (in block capitals) if complainant is not a member*

Full name of complainant: **Click or tap here to enter text.**

Address for correspondence: **Click or tap here to enter text.**

Relationship of complainant to scheme member (if relevant): **Click or tap here to enter text.**

Complainant’s date of birth: **Click or tap here to enter text.**

**IDRP APPLICATION**

**NATURE OF DISAGREEMENT**

*Firstly, read and complete page one of this form. Next, on this side of the form, and continuing onto additional pages if necessary, give a statement of the nature of the disagreement with sufficient details to show why you are aggrieved. Attach to the application form any documents you believe are relevant, and which may support your case.*

Click or tap here to enter text.

**Sigature of complainant or representative…….………………………………………Date** Click or tap here to enter text.