**Name:**

**School/Centre Address:**

**Date:**

**Re: Applicant’s Name: Applicant for Ill-Health Retirement**

Dear Principal/Manager/Co-ordinator

I refer to the application and subsequent appeal of the decision to refuse that application, of the above named, for the award of superannuation benefits, on ill-health grounds, under **INSERT NAME OF SCHEME.**

XX ETB has assessed the appeal application and is satisfied that the terms of the **INSERT NAME OF SCHEME** have been complied with. It has been determined that **INSERT NAME OF APPLICANT** is incapable by reason of infirmity of mind or body of discharging his duties as a **INSERT GRADE** and that the infirmity is likely to be permanent. Accordingly, ill-health retirement pension benefit has been approved.

The date on which **INSERT NAME OF APPLICANT** is deemed to have retired is **INSERT DATE OF RETIREMENT**. He/she has been informed of this decision.

**INSERT NAME OF APPLICANT** has been informed that in accordance with the terms of the **INSERT NAME OF SCHEME,** astaff memberawarded ill-health retirement may not subsequently engage in employment in any centre funded directly or indirectly by an ETB/IOT or Department of Education & Skills. Where a full recovery is made and the member wishes to return to employment, fresh medical evidence must be submitted for review by Medmark before any member can take up any appointment.

Yours sincerely,

**Pension Section**

**Email: XXX**

**Phone: XXX**