



**MRC PENSION SCHEME
("Scheme")**

INTERNAL DISPUTE RESOLUTION PROCEDURE

STAGE 1 APPLICATION FORM

This application form should be used to commence the internal dispute resolution procedure to the Scheme. Internal dispute resolution procedures are a statutory requirement and follows a prescribed format. By completing this application form, the Scheme's internal dispute resolution procedure will commence, the first stage of which is a stage 1 determination.

The person responsible for issuing the stage 1 determination is Mary Lambe, Director of Pensions. This application form should be returned to the following address:

M Lambe
Director of Pensions
MRC Pension Scheme
7th Floor, Caxton House
6-12 Tothill Street
London SW1H 9NA

You will be notified of the stage 1 determination within two months of the receipt of this application form. Where this is not possible an interim reply will be sent advising the reason for the delay and the date on which a decision may be expected.

It is important for all information requested to be provided for the internal dispute resolution procedure to commence.

1. PERSONAL DETAILS

Full Name:	Date of Birth:
Email:	NI Number:
Address:	

2. **ARE YOU** (please tick the box as appropriate)

an active, deferred or pensioner member of the Scheme;

a widow, widower or surviving dependent of a member of the Scheme;

a prospective member of the Scheme;

one of the above, but have stopped being so within the last six months;

claiming to be any one of the above, but this is in dispute;

other; please provide details:

3. **DETAILS OF ANYONE REPRESENTING YOU:**

Full Name:

Address:

IS THIS ADDRESS TO BE USED FOR CORRESPONDENCE IN CONNECTION WITH
THE CLAIM? **YES/NO** (*delete as appropriate*)

4. **WHERE THE SCHEME MEMBER HAS DIED PLEASE STATE:**

Your relationship with the Scheme member:

The Scheme member's details:

Full Name:

Date of Birth:

Address:

NI Number:

5. **PLEASE DESCRIBE THE NATURE OF YOUR COMPLAINT AND PROVIDE DETAILS TO SHOW WHY YOU FEEL AGGRIEVED (please attach further pages if required). Please answer this as fully as possible so that a full and fair determination may be issued.**

Signed: (by or on behalf of the complainant)

Date: