Internal Dispute Resolution Procedure (IDRP) - Stage 2 Application

You can use this form to apply to the Trustee of the Royal Mail Pension Plan (the 'RMPP') at stage 2 of the IDRP if you want them to reconsider a determination made by the Pensions Service Centre at stage 1.

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This form can be completed online or by hand. If filling in by hand, please write clearly in ink and use capital letters in boxes 1, 2 and 3. Once you have completed the form and read the data protection notice, please sign (digitally or in ink) and return it with any evidence you wish to send in support of your application to the Trustee of the RMPP at:

ROYAL MAIL PENSION PLAN TRUSTEES LTD 4th FLOOR IRONMONGER LANE LONDON EC2V 8EY Because of the sensitive nature of the contents of the form, if you send your application by post, we strongly recommend sending it by recorded or special delivery.

If you prefer you can email the form and copies of any evidence to the Pensions Helpline using the 'Submit' button at the end of the form and it will be passed to the Trustee.

If you have any questions about completing the form, please contact the Pensions Helpline on **0345 603 0043** or **pensions.helpline@royalmail.com**.



1. Member's details:

If you are the member (the person who is or was in the RMPP), please give your details in this box. You can then go straight to section 4.

If you are the member's dependant (for example, widow, widower, surviving civil partner, surviving dependant, or beneficiary), please give the member's details in this section, and then go to section 2.

If you are representing the applicant, please give the member's details in this section, and then go to section 3.

Your full name:			
Address:			
		Postcode:	
Your date of birth:	Membership Number		

2. Dependant's details:

If you are the member's dependant and the complaint is about a benefit for you, please give your details in this box and then go to section 4.

If the complaint is about a benefit for a dependant and you are the dependant's representative, please give the dependant's details in this box and then go to section 3.

If the details are the same as completed at stage 1 please tick here and continue to section 4.

Your full name:											
Address:											
					Р	osto	code	:			
Your date of birth:			Membership Number								

3. Representative's details:

If you are the member's or dependant's representative, please give your details in this box.

If the details are the same as completed at stage 1 please tick here and continue to section 4.

Your full name:					
Address:					
				Postcode:	
Relationship of the representative to th					
Is your address to be used for correspondence about the case? *		Yes	No	(select as app	licable)

* Please also provide written authority from the claimant that you are the claimant's appointed representative.

4. The basis of your application

Please provide a statement as to the nature of the complaint including reasons for the application. Please include the information set out in stage 1, a copy of the stage 1 decision, the reasons why you are dissatisfied with the stage 1 decision and a request that the matter be referred to the Trustee.

If there is not enough space, please go on to a separate sheet and attach it to this form. Remember to write your name and membership number at the top of any separate sheet if you are a member, or, if you are not a member, put the member's name and membership number at the top of any separate sheet.

Your signature

I would like my IDRP complaint to be considered at stage 2 and a decision to be made about it. I am a:

