

Internal Dispute Resolution Procedure (IDRP) – Stage 1 Application

You can use this form to apply to the Pensions Service Centre at stage 1 of the IDRP if you want them to investigate a complaint concerning your pension from the Royal Mail Pension Plan (the ‘RMPP’).

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 Pensions Service Centre at:

PENSIONS SERVICE CENTRE
PO BOX 5863
SHEFFIELD
S98 6AB

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.

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:	<input type="text"/>								
Your date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Membership Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Your full name:																		
Address:																		
									Postcode:	<input type="text"/>								
Your date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Membership Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Representative's details:

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

Your full name:						
Address:						
					Postcode:	<input type="text"/>
Relationship of the representative to the member						
Is your address to be used for correspondence about the case? *	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(select as applicable)	

* 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 and how you would wish the RMPP to remedy any harm done to you. Please give any dates or periods of RMPP membership that you think are relevant. Please give as much information as you can.

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 IDR complaint to be considered at stage 1 and a decision to be made about it. I am a:

- RMPP member/former member/prospective member*
- Dependant or beneficiary of a former member*
- Member's representative/dependant's or beneficiary's representative*

*Select appropriate option

Signed:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Print

Submit

Reset