

PROTECT - STAFF

## Appeal against medical advice – injury benefit - CSIBS 2

### P 1 – Member to complete

You should refer to the ‘*The Medical Reviews and Appeals Guide*’, when filling this in. Your employer should have given you a copy. It is also available from: [www.civilservicepensionscheme.org.uk](http://www.civilservicepensionscheme.org.uk)

Your Details		
Your name	Title	
	Surname	
	Forename(s)	
Your date of birth		
Home address (including post code)		

Daytime telephone number	
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Alternative telephone number	
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<b>The Scheme Medical Adviser may need to examine you in order to do their assessment. They will telephone you to arrange an appointment if they want you to attend a medical consultation.</b>	
If the SMA wants you to attend a medical consultation and you have any specific mobility, hearing or visual needs that you think they should know about in relation to this, please provide details.	
<b>Please note:</b> If you turn down or fail to attend an appointment on two occasions, the Scheme Medical Adviser will provide an assessment on the basis of the information available to them.	

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**Please now explain why you disagree with the advice on your application and want it to be re-considered.**

The grounds for my appeal (or review which may need a fresh appraisal of medical evidence) are:

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Please list below details of the further medical evidence you are supplying.


<b>Signature</b>		<b>Date</b>	
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<b>Medical Consent Form</b>	
<b>Release of the Scheme Medical Adviser’s medical assessment report</b>	
<p>Once the Scheme Medical Adviser has completed their assessment they will produce a report on the medical aspects of your case. It will include any information about your health that the Scheme Medical Adviser, in their absolute discretion, regards as being of material relevance to your application.</p> <p><b>MyCSP is responsible for making decisions about injury benefit applications. However, they need advice from the Scheme Medical Adviser about the level of earnings impairment and level of apportionment for injuries sustained. See the brief guide on the ‘Injury benefit scheme’ for more information: <a href="http://www.civilservicepensionscheme.org.uk">www.civilservicepensionscheme.org.uk</a>.</b></p>	
<p>If you <b>consent</b> to the Scheme Medical Adviser sending their report to your employer or MyCSP, including relevant information about your health please put ‘<b>X</b>’ in the box and <b>sign and date</b> below to confirm your decision.</p>	<input type="checkbox"/> <b>I consent</b>
<b>Signature</b>	<b>Date</b>

Field Code Changed

You will automatically be sent a copy of the report at the same time as it is sent to your employer or MyCSP, but you can ask not to be sent a copy if you do not want to see it.

You can also ask to see a copy of the report before it is sent to your employer or MyCSP.

If you do not want to see a copy of the report at all please put “ <b>X</b> ” in the box.	<b>NO:</b>	<input type="checkbox"/>
If you wish to receive a copy of the report before it is sent to your employer or MyCSP, please put “ <b>X</b> ” in the box.	<b>YES:</b>	<input type="checkbox"/>

If there is no “**X**” in either box above then you will automatically be sent a copy of the report at the same time as it is sent to your employer or MyCSP (if you have consented).

If you ask to see the report before it is released to your employer or MyCSP you will have **5 working days from the date it is issued to you to:**

- ask the Scheme Medical Adviser to correct any factual errors in the report;
- withdraw consent for the report to be sent to your employer or MyCSP.

You will only be given one opportunity to ask for factual errors to be corrected.

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If you have asked for the report to be amended, the Scheme Medical Adviser can no longer send any report to your employer or MyCSP without your renewed consent to do so. **You must therefore, contact them within 5 working days of the date on the corrected report (or the letter telling you that the Scheme Medical Adviser will not make changes to the report), to tell them whether you wish them to release the report to your employer, or MyCSP, or not.** If they do not hear from you within this timescale they will tell your employer or MyCSP that they do not have your consent to release the report and that they are therefore unable to provide any advice.

**Important Notes:**

**It is unlikely to be in your best interests to refuse or withdraw consent for the Scheme Medical Adviser to send their report to your employer or MyCSP because without a report:**

- MyCSP will reject your appeal.
- you will not be able to progress an appeal against the Scheme Medical Adviser’s assessment.

<p>I agree that the Scheme Medical Adviser may retain any information submitted as part of this application and any information collected by them as part of their consideration of this application.</p> <p>I agree that the Scheme Medical Adviser can use such information as part of their consideration of any future referrals. I agree that this consent is enduring and will endure unless I provide written confirmation to The Scheme Medical Adviser that I am withdrawing my consent.</p> <p>I consent and understand that the Occupational Health Provider organisation maintained by my employer may see my referral in the circumstances of providing occupational health records or any such Medical In Confidence material that may be relevant to my case.</p> <p>If you <b>agree</b> please put ‘<b>X</b>’ in the box and <b>sign</b> and <b>date</b> below to confirm your decision.</p>	<input type="checkbox"/> <b>I agree</b>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;"><b>Signature</b></td> <td style="width: 60%;"></td> <td style="width: 20%; padding: 5px;"><b>Date</b></td> <td style="width: 20%;"></td> </tr> </table>	<b>Signature</b>		<b>Date</b>		
<b>Signature</b>		<b>Date</b>			

**CSIB2 – P2**

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## Civil Service Injury Benefit Scheme

### Appeal against medical advice – injury benefit - CSIBS 2

#### P 2 – Employer to complete

<b>Your Details</b>							
Name of employer							
Name of person placing order							
Address (including post code)							
Telephone number							
Fax number							
e-mail address							
Employer Location Code							

It is essential that you enter your employer location code (as allocated by the SMA so that they can send your invoice to the right place. If you have not used this service before and require a location code, please telephone the SMA on 01273 815247 or email [civilserviceadmin@healthmanltd.com](mailto:civilserviceadmin@healthmanltd.com)

#### Purchase Order Number

If you do not operate a purchase order system, please provide a unique identifier (for example your cost centre or referring manager's name).

Identifier	
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<b>Your Employee's Details</b>			
Name of employee	Title		
	Surname		
	Forename(s)		
Male / Female (delete as appropriate)	Date of birth		
Job title		Grade	

Please tick the appropriate box below to confirm whether this is an appeal or a review

**Appeal** The formal injury benefit appeal process relates to:



- The medically assessed level of apportionment for injuries sustained on or after 1 April 2003
- The medically assessed level of earnings impairment for injuries sustained on or after 1 April 2003

Is this a formal injury benefit appeal? (Please tick box if appropriate)

**Review** The injury benefit review allows a member to request a review against MyCSP's decision:



- Not deeming an injury as a qualifying one
- About the level of earnings impairment (for injuries sustained on or before 31 March 2003)

Refer to the Scheme Medical Adviser when the review request focuses on fresh medical evidence and you require further medical advice

Is this a review request? (Please tick box if appropriate)

The employer requests that the SMA shall provide medical advice services in accordance with the terms of this order form. The employer agrees to make payment to the SMA for the provision of the medical services within 10 days of receipt of a valid invoice. I understand that the Scheme Medical Adviser may invite the applicant to attend a consultation and they will charge for this. Signed for and on behalf of the employer

Signature		Date	
Name		Position	

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**You must attach ALL the information listed here and tick the box to show that you have done so.**

<b>1</b>	The new medical evidence. This must be from a registered medical practitioner. Copies of reports previously considered do not represent new evidence and are not acceptable. Complete reports are needed. Extracts or part reports are not acceptable. If the appellant wishes the medical evidence should be submitted in a sealed envelope for the attention of the medical adviser.	<input type="checkbox"/>
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<b>2</b>	The original application papers including: <ul style="list-style-type: none"><li>▪ the medical adviser's decision and supporting documents</li><li>▪ Occupational health records including the medical in confidence envelope.</li></ul>	<input type="checkbox"/>
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<b>3</b>	<b>(Appeal)</b> In appeal cases Part 1 of this form completed by your employee and the new medical evidence they are submitting.	<input type="checkbox"/>
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<b>4</b>	<b>(Review)</b> In review cases Part 1 and Part 2A (below) completed to indicate why you are seeking medical advice.	<input type="checkbox"/>
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<b>When you have collected together all of the information asked for, you should send it to the Civil Service pension scheme administrator.</b>	<b>MyCSP Limited PO Box 2017 Liverpool L69 2BU</b>
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**CSIB2 – P2**

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## **Part 2A Review cases – Decision maker completes**

I am referring this case for medical advice for the following reason(s):