

Civil Service Pension Scheme

Notes for the member and employer

Med 9 Complaints Procedure Form

This form is to be used to complain about the service the Scheme Medical Adviser provides in their role as medical adviser to the Civil Service pension and Civil Service Injury Benefit Scheme arrangements.

It should **not** be used if you wish to complain about the outcome of referrals relating to:

- Early payment of preserved award on health grounds
- Injury benefit
- Ill health retirement

If employers or MyCSP wish to complain about the service that the Scheme Medical Adviser has provided they should provide details of the case in section one of the form.

If you are complaining as a member of the scheme you need to pass this form to your employer. They will send the form to the Scheme Medical Adviser who will investigate your complaint.

Section 1 - To be completed by member

Section 2 - To be completed by employer

Employers should send the completed form to

Health Management Ltd
Ash House
The Broyle
Ringmer
East Sussex
BN8 5NN

Email: civilserviceadmin@healthmanltd.com

Receipt of the Med 9 will be acknowledged within 2 working days and will normally provide you with a full reply within 10 working days, or 21 working days if the complaint requires further investigation by a clinician. The Scheme Medical Adviser will tell you which timeline applies. Where the case concerns a member's complaint you must give the member written details about the outcome.

See the '*Ill Health Retirement – Procedural Guidance for Employers*' for details of how to escalate a complaint if the member or employer is dissatisfied with the response from the

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Scheme Medical Adviser. This guidance is available on the website, www.civilservicepensionscheme.org.uk under 'Employers' – 'Scheme Medical Adviser'.

Section 1 – Member to complete

(Employers or MyCSP making a complaint on an individual’s case should complete this section with details of the individual).

Part One - Personal Details				
Surname				
Forenames				
Employer/Department				
Address of Employer				
Payroll/Staff Number				
Home address				
Email address			Contact Number	
Which Pension Scheme do you belong to? Please Tick				
Classic <input type="checkbox"/>	Classic Plus <input type="checkbox"/>	Premium <input type="checkbox"/>	Nuvos <input type="checkbox"/>	Partnership <input type="checkbox"/>
Alpha				
Part Two - Details of complaint				
Why was your case referred to the Scheme Medical Adviser? (Please tick box)				
Ill Health Retirement	<input type="checkbox"/>	Injury Benefit	<input type="checkbox"/>	
Early Payment of Preserved Pension	<input type="checkbox"/>		<input type="checkbox"/>	
Please give a brief summary of your complaint:				

[Empty box for notes or previous section]

Part Three – Please list specific complaint issues you would like the Scheme Medical Adviser to deal with-

[Empty box for listing specific complaint issues]

[Empty box for listing specific complaint issues]

Part Four – Desired outcome (what do you want the Scheme Medical Adviser to do?)

Part Five - Declaration

Signature.....

Date.....

Please send this form to your Employer, Departmental HR Team, or MyCSP

Section 2 – Employer (or MyCSP) only to complete

Part One – Please provide any information relevant to this complaint						
Part Two – Employing Department details						
Signature			Address			
Name			Email address			
Date			Contact Number			
Purchase Order Number						
Location Code						
It is essential that you enter your employer location code allocated by the Scheme Medical Adviser. For the purposes of this referral the code is needed for identification purposes only. No charge will be made.						

Forward this complaint to:

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