



# Civil Service Injury Benefits Scheme – Application for injury benefit assessment

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Injury benefits are payable to Civil Service employees who have been injured as a result of official duty. It is paid to bring their income up to a guaranteed level. It may also be paid to any dependants should an employee die as a result of their duties. The Civil Service Injury Benefits Scheme (CSIBS) rules set out who can receive benefits and the level of the guaranteed income.

## Who is eligible under the rules of the CSIBS?

This application form is for:

- Civil Service employees who suffer an injury or illness at work that prevents them from working.
- Those that have left but were employed by the Civil Service at the time of the injury or illness at work that prevented them from working.

## What is a qualifying injury?

The Scheme Rules define what a qualifying injury is. Civil Service Pensions will reach a final decision using the evidence provided and the medical assessment by the Scheme Medical Adviser (SMA).

Examples of qualifying injuries include an illness or injury which occur:

- as a result of official duty, or actions incidental to it;
- during a duty journey; or
- following perception of events during official duty leading to mental impairment.

Injuries or illness may not be found to be qualifying in the following circumstances:

- As a result of misconduct or culpable negligence.
- During a journey to or from a place of residence and place of work.
- An exacerbation of a pre-existing condition.

## What is the purpose of this application form?

The Scheme Medical Adviser (SMA) will give advice on the medical aspects of your injury benefit case. Please complete this form and return it to your employer as soon as possible.

To allow the SMA to complete the medical assessment, the following consent forms must be provided.

### **Applicant/employee**

- 'Part 1 – Applicant/employer to complete' section.
- Relevant information from the Checklist, including Personal statement (recommended limit of 500 words).
- Medical Consent Forms 1, 2 and 3.
- GP Medical Information Consent Form.
- Medical Information Consent Form (A) and (B) if required.

### **Employer**

- 'Part 2 – Employer to complete' section.
- All evidence and supporting information from the Checklist (where applicable).
- A separate statement describing the reasons for injury/illness, (recommended limit of 500 words).
- This should also explain any reasons for disputing the applicant's statement.



# Civil Service Injury Benefits Scheme – Application for injury benefit assessment

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## Part 1 – Member to complete

The Scheme Medical Adviser to the Civil Service Pension and Injury Benefit Scheme is being asked to give advice on the medical aspects of your injury benefit case.

Please complete this form as fully as you can, including signatures where required and return the form to your employer as soon as possible.

## Your details

**Title**

**Surname**

**Forename(s)**

**Date of birth (DD/MM/YYYY)**

**Your address**

**Postcode**

**Telephone numbers**

**Daytime**

**Alternative**

**Email address**

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.

**If the SMA asks you to attend a medical consultation please provide details of any specific mobility, hearing or visual needs you may have.**

**Please note:** 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.

## Medical Consent Form 1

I consent and understand that information in my occupational health records and any Information obtained in relation to my application for Injury Benefits are to be used for the purpose of assessment against the Civil Service Injury Benefit Scheme criteria.

I also consent and understand that the Occupational Health provider retained by my employer may see my referral for the purpose of providing the aforementioned occupational health or any such Medical-In- Confidence material that may be relevant to my case.

**Signature**

**Date**

## Medical Consent Form 2

Consent for the Scheme Medical Adviser to approach your doctor or specialist for further information about your medical condition.

**Please read this section carefully. It provides information about your rights in relation to your medical records under the terms of the Access to Medical Reports Act 1988.**

The Scheme Medical Adviser may wish to apply to your doctor or specialist for further medical information. They will need your consent to do this. To give consent, you must complete the consent box below and then proceed to the next section on this page. You also have the right to refuse consent. If you choose to refuse consent then you can ignore the following information on this page and proceed directly to **Medical Consent Form 3** which explains what happens to the Scheme Medical Adviser's report after they have completed their assessment.

If you give your consent, you have the right to see information about your medical condition before it is supplied to the Scheme Medical Adviser.

You will have 21 days from the date of the Scheme Medical Adviser's letter telling you that a medical report has been requested to ask your doctor, specialist or consultant to let you see their report. If you do not ask to see their report, you will still have a right to see information about your medical condition for up to six months after it has been sent to the Scheme Medical Adviser.

If you **consent** to the Scheme Medical Adviser seeking further information about your medical condition, please put 'X' in the box and **sign and date** here confirm your decision.

**I consent**

**Signature**

**Date**

If you have agreed to give consent, you must now answer this question.

**Under the terms of the Access to Medical Reports Act 1988 do you intend to ask your doctor, specialist or consultant to let you see their report before it is supplied to the Scheme Medical Adviser? Please put 'X' in the relevant box.**

**Yes**

**No**

If you have given consent for the Scheme Medical Adviser consent to contact your doctor or specialist **you must complete a separate Medical Information Consent Form for each** medical practitioner you would be prepared for the Scheme Medical Adviser to contact. The Medical Information Consent Forms (lettered 'A', 'B' and 'C'), can be found at the end of this CSIBSI – PI form.

## Medical Consent Form 3

### Release of the Scheme Medical Adviser's medical assessment report.

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.

Civil Service Pensions is responsible for making decisions about injury benefit applications. However, they will need advice from the Scheme Medical Adviser about the level of earnings impairment and level of apportionment for injuries sustained. See the 'Applying for injury benefits page' at [www.civilservicepensionscheme.org.uk](http://www.civilservicepensionscheme.org.uk) for more information.

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. 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.

If you agree to the Scheme Medical Adviser retaining and using information in this way, please put 'X' in the box and sign and date below to confirm your decision.

If you **consent** to the Scheme Medical Adviser sending their report to your employer or Civil Service Pensions, please put 'X' in the box and **sign and date** here to confirm your decision.

**I consent**

**Signed**

**Date**

You will automatically be sent a copy of the report at the same time it is sent to your employer or Civil Service Pensions. However, 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 Civil Service Pensions.

If you do not want to see a copy of the report at all, please put **X** in the box.

**No**

If you wish to receive a copy of the report before it is sent to your employer or Civil Service Pensions, please put **X** in the box.

**Yes**

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 Civil Service Pensions (if you have consented).

If you ask to see the report before it is released to your employer or Civil Service Pensions you will have **five 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 Civil Service Pensions.

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

If you have asked for the report to be amended, the Scheme Medical Adviser can no longer send any report to your employer or Civil Service Pensions without your renewed consent to do so. **You must therefore contact them within five 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 Civil Service Pensions, or not.** If they do not hear from you within this timescale they will tell your employer or Civil Service Pensions 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 Civil Service Pensions, because without a report:

- Civil Service Pensions will not be able to make an informed decision about your injury benefit application.
- you will not be able to appeal against the Scheme Medical Adviser's assessment.
- you will not be able to request a review (informal appeal) against Civil Service Pensions or the employer decision not deeming an injury as a qualifying injury.

Please consult the '*Medical reviews and appeals guide*' for more advice about actions you can take if you disagree with the assessment. The guide can be found on the Civil Service Pensions website: [www.civilservicepensionscheme.org.uk](http://www.civilservicepensionscheme.org.uk) in the employer section under Scheme Medical Adviser.



## General Practitioner (GP) Information Consent Form

This form should be completed with details of your General Practitioner (GP) only.

Please give their details below, as required.

**Name of GP**

**Your address**

**Postcode**

**Telephone number**

**Email address**

## Declaration

By signing below, I agree that the medical practitioner named above may give information about my medical condition(s) to the Scheme Medical Adviser. I also confirm that:

- I understand my employer or Civil Service Pensions is asking the Scheme Medical Adviser to give advice on the medical aspects of my injury case.
- I also understand that should I wish to receive a copy of any information supplied to the Scheme Medical Adviser by my doctor (GP), I may have to pay a reasonable fee for any report that is supplied to me.
- I have seen and read the information at the beginning of Medical Consent Form 3 about my rights in relation to my medical records.
- I understand that this consent is enduring and will endure until my employer has determined the outcome of this application unless I provide written confirmation to the Scheme Medical Adviser that I am withdrawing my consent. A photocopy or electronic copy of this withdrawal consent will have the same authority as the original.

**Signature**

**Date**



## Medical Information Consent Form (A)

**Who are you giving consent for Scheme Medical Adviser to approach for further information about your medical condition?** Please put an **X** in one of the boxes opposite, as appropriate.

**Hospital Specialist**

**Consultant**

Please give their details below, as required.

**Name**

**Specialism** (if this is your hospital specialist or consultant)



You do not have to reveal details of your own medical condition here but if the Scheme Medical Adviser contacts a doctor it is helpful for them to have detail of the general area of medical speciality or hospital department.

**Address**

**Postcode**

**Telephone number**

**Email address**

## Declaration

By signing below, I agree that the medical practitioner named above may give information about my medical condition(s) to the Scheme Medical Adviser. I also confirm that:

- I understand my employer or Civil Service Pensions is asking the Scheme Medical Adviser to give advice on the medical aspects of my injury case.
- I also understand that should I wish to receive a copy of any information supplied to the Scheme Medical Adviser by my hospital specialist, or consultant, I may have to pay a reasonable fee for any report that is supplied to me.
- I have seen and read the information at the beginning of Medical Consent Form 3 about my rights in relation to my medical records.
- I understand that this consent is enduring and will endure until my employer has determined the outcome of this application unless I provide written confirmation to the Scheme Medical Adviser that I am withdrawing my consent. A photocopy or electronic copy of this withdrawal consent will have the same authority as the original.

**Signature**

**Date**



# Medical Information Consent Form (B)

Who are you giving consent for Scheme Medical Adviser to approach for further information about your medical condition? Please put an X in one of the boxes opposite, as appropriate.

Hospital Specialist

Consultant

Please give their details below, as required.

Name

Specialism (if this is your hospital specialist or consultant)



You do not have to reveal details of your own medical condition here but if the Scheme Medical Adviser contacts a doctor it is helpful for them to have detail of the general area of medical speciality or hospital department.

Address

Postcode

Telephone number

Email address

# Declaration

By signing below, I agree that the medical practitioner named above may give information about my medical condition(s) to the Scheme Medical Adviser. I also confirm that:

- I understand my employer or Civil Service Pensions is asking the Scheme Medical Adviser to give advice on the medical aspects of my injury case.
- I also understand that should I wish to receive a copy of any information supplied to the Scheme Medical Adviser by my hospital specialist, or consultant, I may have to pay a reasonable fee for any report that is supplied to me.
- I have seen and read the information at the beginning of Medical Consent Form 3 about my rights in relation to my medical records.
- I understand that this consent is enduring and will endure until my employer has determined the outcome of this application unless I provide written confirmation to the Scheme Medical Adviser that I am withdrawing my consent. A photocopy or electronic copy of this withdrawal consent will have the same authority as the original.

**Signature**

**Date**







# Civil Service Injury Benefit Scheme (CSIBS): Application for Injury Benefit Assessment P2 - Employer to complete

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## Your details

**Name of employer**

**Name of person placing order**

**Address**

**Postcode**

**Telephone number**

**Email address**

It is essential that you enter your employer location code (as allocated by the Scheme Medical Adviser) 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 contact the Scheme Medical Adviser 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**

## Your employee's details

|   |      |             |
|---|------|-------------|
| Title   |      |             |
| Surname   |      |             |
| First name  |      |             |
| Gender  | Male | Female      |
| Date of birth                                     |      |             |
| Job Title   |      |             |
| Grade   |      |             |
| Employee/Staff number (optional)                  |      |             |
| Contracted hours                                  |      |             |
| Home address                                      |      |             |
| Postcode  |      |             |
| Telephone numbers                                 |      | Daytime     |
|   |      | Alternative |
| Normal retirement age                             |      |             |
| For permanent awards only:<br>Last day of service |      |             |
| Date of injury or date disease<br>contracted      |      |             |
| Nature of injury or disease                       |      |             |

**Advice needed**

Please tick at least one box and make sure that you tick all the boxes that apply.

**Whether there has been a qualifying injury****Whether there is a causal link between the injury and the absence(s) from work between:****First day****Last day**

**Please Note:** You must include a full list detailing multiple absences (refer to document list page)

**Whether there is a causal link between the injury and change of grade or hours**

**Please Note:** You must include details of change to terms of employment in the job description (refer to document list page)

**The level of apportionment (permanent awards)****The level of impairment (permanent awards)**

## Employer Declaration

- I confirm that I have verified the identity of the member as signed, therefore consent is granted for the purposes of processing this application and in requesting, receiving and reviewing third party medical reports as deemed necessary by the Scheme Medical Advisor in undertaking their role.
- I understand that the Scheme Medical Adviser provides advice to decision makers. They are not the awarding authority for injury benefit awards\* (see note).
- I understand that it is for the applicant to make a reasonable case for an injury benefit award.
- I understand that the Scheme Medical Adviser may need to examine this officer and/or obtain medical reports and they will charge for this.
- I have completed all the sections in this form and enclose the information required.
- The employer requests that the Scheme Medical Adviser shall provide medical advice services in accordance with the terms of this order form.
- The employer agrees to make payment to the Scheme Medical Adviser for the provision of the medical advice services within 10 days of receipt of a valid invoice by the employer.

Signed for and on behalf of the employer

**Signature**

**Date**

**Position and qualifications**

**\*Please Note:** Please refer to Section 2 of the Employer Pension Guide for information about the respective roles and responsibilities of employers and Civil Service Pensions in dealing with injury benefit claims.



You must supply **ALL** of the information listed below. If you supply it in a separate document please label it with the number shown and write 'see attached' in the relevant box.

**Do not send any personal files or other documents to the Scheme Medical Adviser.**

**If we have to return the papers because items are missing or incomplete, we will identify the required corrections. We will apply a charge each time we return an incomplete referral.**

Please confirm that you have attached documents 1-11 with this application form.  
Please put **X** against those that apply.

1. **Relevant accident reports and/or accident book entries. If no entry exists, please ensure that the date of the injury is clearly stated.**
2. **Personal statement from applicant describing reasons for injury/illness (recommended limit of 500 words)**
3. **A separate statement from the employer describing the reasons for injury/illness (recommended limit of 500 words). This should also explain any reasons for disputing any element of the applicant's statement and also details of any disciplinary/grievance procedure (and outcome)**
4. **Any witness statements (obtained by employer or applicant)**
5. **Job description**
6. **Sickness absence record for the length of employment. Please clearly identify the date the absence relevant to the injury started**
7. **Copies of any Scheme Medical Adviser correspondence relating to the case (or any earlier referral if relevant to the current case)**
8. **Medical in confidence envelope and any additional original medical evidence relating to injury**

## Permanent awards

9. Annual rate of basic pay on the date of injury including any regular pensionable allowances paid by the CSPS employer. For those working part time through choice (i.e. not for medical reasons) use the full time equivalent rate.

10. Education/past history

## Medical Consent

11. You must also enclose the medical consent form signed by the scheme member within the last 3 months

**If exceptionally you cannot provide any of the documents please explain why not**

When you have collected **all of the information** above you can:

- Email it, along with this form or
- post it to **Civil Service Pensions, Capita Pension Solutions, PO Box 713, Darlington, DL1 9JZ**

## Civil Service Injury Benefit Scheme (CSIBS) Process

