



This is a POSTAL ONLY form. If you'd like to complete this form online, you can do so via the Knowledge Centre at [www.civilservicepensionscheme.org.uk/memberhub/knowledge-centre](http://www.civilservicepensionscheme.org.uk/memberhub/knowledge-centre)

# EPPA 1 - Application for an early payment of preserved pension medical assessment (classic only) and Serious Ill Health Commutation

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## Notes for the former scheme member

The EPPA1 form is an application for a medical assessment to be carried out by the Civil Service Pension Scheme Medical Adviser. By completing and submitting the **EPPA1 – P1** form, you are asking the Scheme Medical Adviser to consider whether or not you satisfy the scheme medical criteria for early payment of your preserved pension or Serious Ill Health Commutation. Only members with a preserved pension in **classic** can apply for EPPA, however individuals who have a life expectancy of less than 12 months can apply for Serious Ill Health Commutation.

You should consult the *'Ill Health Retirement – Guide for Members'* for advice about the eligibility criteria and procedure for applying for early payment of your preserved pension from your Civil Service pension. The guide also gives information about the assessment timelines and what type of information and supporting documentation the Scheme Medical Adviser will be seeking. A copy of the guide is available to download from the 'Publications' section of our website:

[www.civilservicepensionscheme.org.uk](http://www.civilservicepensionscheme.org.uk)

In order for the Scheme Medical Adviser to consider your application you will need to fully complete the required information on the EPPA1 – P1 form including signatures where requested.

If you have specific queries please contact us or your former employer.



## Part 1 – Member to complete

You should refer to the *'Ill Health Retirement – Guide for Members'*, when filling this in.

### Your details.

Title	<input type="text"/>							
Surname	<input type="text"/>							
Forename(s)	<input type="text"/>							
Date of birth (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address	<input type="text"/>							
Postcode	<input type="text"/>							
Telephone numbers	<input type="text"/>						Daytime	
	<input type="text"/>						Alternative	
Name of former Civil Service employer	<input type="text"/>							

The Scheme Medical Adviser (SMA) may need to carry out a medical consultation as part of their assessment. They will contact you to arrange an appointment if they want you to attend a medical consultation.

**If the SMA want 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.**

**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.

Please now provide the following information which will help the Scheme Medical Adviser consider your application:

**Please describe the health problems preventing you from working in your former role. If you have been diagnosed with a condition please ensure this is also detailed in this section.**

**Please explain any barriers to your working in your former job.**

**Why do you believe that you would not be able to return to your former job before your scheme pension age?**

## 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 early payment of my pension on ill health grounds can be used for the purpose of assessment against the Civil Service ill health retirement early payment 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 records or any such Medical In Confidence material that may be relevant to my case.

**Signature**

**Date**

       

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

**Please read this section which gives 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. If you wish to give consent you must confirm this by completing the required fields in 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 report that the Scheme Medical Adviser produce 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, in which 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 sending their report to your employer or to us as the Scheme administrator, including relevant information about your health please put '**X**' in the box and **sign and date** below to confirm your decision.

**I consent**

☐

**Signature**

**Date**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you have agreed to give consent above 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**

## Medical Consent Form 2

If you have given consent for the Scheme Medical Adviser 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 EPPAI - P1 form.

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

Once the Scheme Medical Adviser has completed their assessment they will produce a report for your former employer (or ourselves if we are processing your application). The report will confirm whether or not you have a qualifying medical reason for early payment of your preserved pension. It will include any information about your health that the Scheme Medical Adviser, in their absolute discretion, regard as being of material relevance to your assessment.

**You cannot be offered early payment of your preserved pension without a report and certificate from the Scheme Medical Adviser confirming that you have a qualifying medical reason for ill health retirement.**

If you **consent** to the Scheme Medical Adviser sending their report to ourselves or to your employer, including relevant information about your health please put '**X**' in the box and **sign and date** below to confirm your decision.

I consent

☐

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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You will automatically be sent a copy of the report at the same time as it is sent to us or your former employer, 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 us or your former employer.

**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 us or your former employer 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 us or your former employer if you have consented.

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



## Medical Consent Form 3

- Ask the Scheme Medical Adviser to correct any factual errors in the report.
- Withdraw consent for the report to be sent to us or your former employer.

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 us or your former employer 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 us or your former employer or not.** If they do not hear from you within this timescale they will tell us or your former employer that they do not have your consent to release the report and that they are therefore unable to provide any advice.

## Medical Consent Form 4

### 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 us or your former employer because without a report and certificate:

- it will be taken that you have stopped the early payment of preserved pension process;
- you cannot be offered early payment of your preserved pension;
- you will not be able to appeal against the Scheme Medical Adviser's assessment.

Please consult the '*Ill Health Retirement – Guide for Members*' for more advice about the role of the Scheme Medical Adviser's assessment report in the ill health retirement process and actions you can take if you disagree with the assessment.

**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.**

**I also consent to my GP/specialist providing medical information to the Scheme Medical Adviser in connection with such an assessment. I further consent to the disclosure of that information by the Scheme Medical Adviser to my employer.**

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

☐

**Signature**

**Date**

## Medical Consent Form 5

You must fill in a separate medical information consent form for each doctor.

Please photocopy as required.

You should include your GP and any relevant consultant/specialist currently providing care. You should also consider which consultant/specialist is best placed to write a report on your behalf.

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

**General Practitioner (GP)**

**Other Hospital Specialist**

**Consultant**

**Due to the sensitive and confidential nature of the information provided, please provide the name (not just the department) of the specialist to prevent compromising the handling of your personal information.**

Please confirm which consultant/specialist is best placed to provide advice.

**Please note that the Scheme Medical Adviser will take this into account when requesting additional medical reports, they will however not be bound by this.**

On the next page, please provide details of the doctors that the Scheme Medical Adviser can approach. A separate form will need to be completed for each one.

## Medical Consent Form 6

**Name of doctor/specialist/consultant**

**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 on the general area of medical specialty or hospital department.

**Address**

**Postcode**

**Email address**

**Telephone number**

**Name of doctor/specialist/consultant**

**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 on the general area of medical specialty or hospital department.

**Address**

**Postcode**

**Email address**

**Telephone number**

# 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 is asking the Scheme Medical Adviser to consider whether or not I satisfy the criteria for ill health retirement. They will also consider whether or not I satisfy the criteria for HMRC severe ill health, in relation to the Annual Allowance.
- I also understand that should I wish to receive a copy of any information supplied to the Scheme Medical Adviser by my doctor (GP), 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	<div></div>
Date	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

# Form for your doctor or specialist to complete

Members can use this section if they want to ask their doctor or specialist to provide medical detail to support their application. You do not have to get this section completed but it may speed up your application if you do. Please note that your doctor may charge you a fee for completing this form for which you are responsible. Any supporting documents can be provided in a sealed document marked with your name and date of birth.

## Member details

Title	<input type="text"/>
Surname	<input type="text"/>
First name	<input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of most recent consultation (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Medical information for the member's doctor or specialist to provide



See the notes at the end of the form for further guidance.

1. Is the member currently certified as, or regarded as unfit for work?

2. Please outline all active medical problems including diagnosis, treatment received to date, the extent of any disability caused by the condition, the proposed plan of management and the likely prognosis.

3. Is further treatment likely to result in significant functional improvement? If so, please indicate the likely timescale over which such improvement may be seen and the maximum improvement that can be reasonably expected.

4. Is the member's life expectancy likely to be less than 12 months?

Yes

☐

No

☐

If so, is the member aware of this?

Yes

☐

No

☐

5. Any other relevant information.

**6. Please include copies of any relevant correspondence from any specialists who have recently provided care for the member.**

**Copies of specialist correspondence attached?** Yes ☐ No ☐

**7. Please list this correspondence.**

**Please Note:** If you need more space for any of the answers, please attach an additional sheet clearly marked with the relevant question number.

**Signature**

**Date**

**Position and qualifications**

**Notes for the applicant’s doctor or specialist**

This form provides an opportunity to provide medical detail that may be helpful to the Scheme Medical Adviser in consideration of your patient’s application for ill health retirement benefits.





## Notes for the former employer

It is vital to ensure that when you send this order form to the Scheme Medical Adviser it is complete, contains as much relevant information as possible and includes all the necessary paperwork.

You should consult the *'Ill Health Retirement – Procedural Guidance for Employers'* for advice on the procedures to follow when dealing with ill health retirement and early payment of preserved pension. This guidance is available on the website,

[www.civilservicepensionscheme.org.uk](http://www.civilservicepensionscheme.org.uk) under 'Employers' – 'Scheme Medical Adviser'.

If you need further advice about what to send, please contact the employer helpline.

If this order form is not complete or required documents are missing it will be returned and a fee charged. This may also result in a delay in the Scheme Medical Adviser making a recommendation.





# Application for early payment of preserved pension – classic only

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## P2 Former employer to complete

### Your details

Name of employer	<input type="text"/>
Name of person placing order	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
Email address	<input type="text"/>
Employer location code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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.

**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 former employee's details

**Title**

**Surname**

**First name**

**Gender**

☐

**Male**

☐

**Female**

**Former job title**

**Grade**

**Employee/Staff number (optional)**

**Contracted hours**

**Home address**

**Postcode**

**Telephone numbers**

**Daytime**

**Alternative**

<b>Date employment ended</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date of application for early payment</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Is this former employee terminally ill with less than 12 months' life expectancy?</b>	<input type="text"/>						

In the above circumstances the EPPA application will be treated as urgent and the Scheme Medical Adviser should be able to provide an outcome decision quickly subject to the necessary medical evidence being available.



It is important that we know the former employee's pension scheme retirement age. Please make sure that the information you provide below is correct.

**classic – with a scheme pension age of:**

**Age**

There are some civil servants who have a pension age that is different to the scheme pension age.

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 Adviser in undertaking their role.

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.

**Signed for and on behalf of the employer**

**Signature**

**Date**

**Position**



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

1. **Please give a job description for this former employee's last civil service employment.**

Please confirm that you have attached documents A, B (if available), C and/or D (if applicable) with this application form. Please put X against those that apply.

**A EPPA1 – P1 and P2 – completed by the former employee**

☐

**B Any reports to management from your occupational**

☐

**C Copies of any previous correspondence on this case from the Scheme Medical Adviser, if applicable**

☐

**D Any additional medical evidence that may have been submitted by the member, if applicable**

☐

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

When you have collected together all of the information asked for, you should send it to the Scheme Medical Adviser via the online portal (see HML Guidance) or via the address below.

**Civil Service Pensions  
Capita Pension Solutions  
PO Box 713  
Darlington  
DL1 9JZ**