

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

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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The Scheme Medical Adviser (SMA) 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 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 SMA will provide an assessment on the basis of the information available to them.	

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Medical Consent Form

Release of the Scheme Medical Adviser’s medical assessment report

Once the SMA 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 SMA, in their absolute discretion, regard as being of material relevance to your application.

MyCSP is responsible for making decisions about injury benefit applications. However, they need advice from the SMA 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:

www.civilservicepensionscheme.org.uk.

If you consent to the SMA sending their report to your employer or MyCSP, including relevant information about your health please put ‘ X ’ in the box and sign and date below to confirm your decision.	<input type="checkbox"/> I consent
Signature	Date

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 “ X ” in the box.	NO:	<input type="checkbox"/>
If you wish to receive a copy of the report before it is sent to your employer or MyCSP, please put “ X ” in the box.	YES:	<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 SMA 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 SMA 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 SMA 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 SMA 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 SMA Adviser's assessment.

I agree that the SMA 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 SMA 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 SMA that I am withdrawing my consent.

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

I agree

Signature

Date

Civil Service Injury Benefit Scheme

Appeal against medical advice – injury benefit - CSIBS 2

P 2 – Employer to complete

Your Details	
Name of employer	

Name of person placing order	
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Address (including post code)	
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Telephone number	
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Fax number	
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e-mail address	
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Employer Location Code							
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It is essential that you enter your employer location code (as allocated by Health Assured Ltd) 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 Health Assured Ltd on 0845 601 1994.

Purchase Order Number	
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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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Your Employee's Details		
Name of employee	Title	
	Surname	
	Forename(s)	
Male / Female (delete as appropriate)	Date of birth	

Job title		Grade	
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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 SMA 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 by the employer.
 I understand that the SMA 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	

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

1	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"/>
2	The original application papers including: <ul style="list-style-type: none"> ▪ the medical adviser’s decision and supporting documents ▪ Occupational health records including the medical in confidence envelope. 	<input type="checkbox"/>
3	(Appeal) In appeal cases Part 1 of this form completed by your employee and the new medical evidence they are submitting.	<input type="checkbox"/>
4	(Review) In review cases Part 1 and Part 2A (below) completed to indicate why you are seeking medical advice.	<input type="checkbox"/>
When you have collected together all of the information asked for, you should send it to the Scheme Medical Adviser.		Health Assured Ltd PO Box 10426, Hinckley, LE10 9FL Tel: 0845 601 1994

Part 2A Review cases – Decision maker completes

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