

Civil Service Pension Scheme

Notes for the member

Application for an ill health retirement assessment (IHR2 - partnership)

The **IHR2** form is an application for an ill health retirement assessment to be carried out by the Civil Service Pension Scheme Medical Adviser. By completing and submitting the **IHR2 – P1** form, you are asking the Scheme Medical Adviser to consider whether or not you satisfy the medical criteria for an ill health retirement pension in **partnership**.

You should consult the '*Ill Health Retirement – Guide for Members*' for advice about the eligibility conditions, criteria and procedure for applying for ill health retirement benefits from your Civil Service Pension scheme, including more details about the information asked for on the IHR form. 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 on the Civil Service Pensions website: 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 IHR2 – P1 form including signatures where requested.

If you have specific queries please contact your employer directly.

Important Notes:

It is unlikely to be in your best interest to refuse to give consent for the Scheme Medical Adviser to approach your GP and/or Specialist for up to date medical information relating to this application. It is also important that you give consent for the Scheme Medical Adviser to send their assessment report to your employer because without a report and certificate:

- your employer cannot offer ill health retirement and can proceed to take other action (e.g. dismissal for inefficiency, if they intended to take such action), having first considered the appropriateness of ill health retirement;
- it will be taken that you have stopped the ill health retirement process;
- you will not be able to appeal against the scheme medical adviser's assessment;
- you will not be able to apply for retrospective ill health retirement.

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.

Civil Service Pension Scheme

Application for an ill health retirement assessment (partnership only)

Part 1 – Member to complete

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

| Your Details | | |
|------------------------------------|-------------|--|
| Your name | Title | |
| | Surname | |
| | Forename(s) | |
| Your date of birth | | |
| Home address (including post code) | | |
| | | |
| | | |
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| | |
|--------------------------|--|
| Daytime telephone number | |
|--------------------------|--|

| | |
|------------------------------|--|
| Alternative telephone number | |
|------------------------------|--|

The Scheme Medical Adviser may need to examine you in order to make their assessment. They will telephone you to arrange an appointment if they want you to attend a medical consultation.

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.

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 why you believe that you are not able to work in your usual job.

Please explain any barriers to your working in your usual job.

Do you believe that you could do any other work?

Yes:

No:

If you have answered 'yes', please say briefly what work you believe you could do in your current workplace, or any other job.

Why do you believe that you will not be able to return to work 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 ill health retirement to be used for the purpose of assessment against the Civil Service partnership ill health retirement 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

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 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** that explains what happens to the report that the Scheme Medical Adviser produces 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 SMA.

| | | | |
|---|--|------------------|--|
| 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 below to confirm your decision. | | I consent | |
| Signature | | Date | |

| | | |
|---|-------------|--------------------------|
| 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? | YES: | <input type="checkbox"/> |
| | NO: | <input type="checkbox"/> |

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 IHR2 - P1 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 for your employer. The report will confirm whether or not you have a qualifying medical reason for ill health retirement. 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.

Your employer cannot offer ill health retirement 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 your employer, 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 | | | | |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Signature</td> <td style="width: 80%;"></td> </tr> </table> | Signature | | <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Date</td> <td style="width: 80%;"></td> </tr> </table> | Date | |
| Signature | | | | | |
| Date | | | | | |

You will automatically be sent a copy of the report at the same time as it is sent to your 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 your employer.

| | |
|--|--------------------------------------|
| 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, 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 (if you have consented).

If you ask to see the report before it is released to your employer 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.

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 without your renewed consent to do so. **You must therefore, contact them within 5 working days of the date of**

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 not. If they do not hear from you within this timescale they will tell your employer 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, because without a report and certificate:

- it will be taken that you have stopped the ill health retirement process;
- your employer cannot offer ill health retirement and can proceed to take other action (e.g. dismissal for inefficiency, if they intended to take such action), having first considered the appropriateness of ill health retirement;
- you will not be able to appeal against the Scheme Medical Adviser’s assessment.
- you will not be able to apply for retrospective ill health retirement.

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.

| | | | |
|--|--|--------------------|--|
| <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>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.</p> | <input type="checkbox"/> I agree | | |
| <p>Signature</p> | | <p>Date</p> | |

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Medical Information Consent Form (a)

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

General Practitioner (GP): **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 medical specialism or hospital department.

Address (including post code)

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.

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

Date

LEAVE BLANK (double-sided printing)

Medical Information Consent Form (b)

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

General Practitioner (GP): **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 medical specialism or hospital department.

Address (including post code)

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.

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

Date

LEAVE BLANK (double-sided printing)

Medical Information Consent Form (c)

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

General Practitioner (GP): **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 medical specialism or hospital department.

Address (including post code)

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.

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

Date

LEAVE BLANK (double-sided printing)

MEDICAL IN CONFIDENCE - when completed**Optional Form and Notes - for your doctor or specialist**

i Members can use this section if they want to ask their doctor or specialist to provide medical detail to support their application.

| Member's Details | | |
|----------------------------------|-------------|--|
| Member's name | Title | |
| | Surname | |
| | Forename(s) | |
| Your date of birth | | |
| Date of most recent consultation | | |

| Medical information for the member's doctor or specialist to provide | | |
|--|---|---|
| i See the notes at the end of the form for further guidance | | |
| 1 | What is the diagnosis of the main medical condition? | |
| 2 | Please list any secondary conditions | |
| 3 | Please indicate the applicant's current symptoms and clinical findings on examination | |
| 4 | Please detail current and past treatment and response | |
| 5 | What is the long-term outlook? | |
| 6 | What is the impact of the illness on the physical and mental functional ability of the applicant? | |
| 7 | Is further treatment envisaged or possible and what is its likely effect? | |
| 8 | Has there been referral for specialist assessment and treatment? | YES: <input type="checkbox"/> NO: <input type="checkbox"/> |

MEDICAL IN CONFIDENCE - when completed

| | | | |
|-----------|---|-------------|--------------------------|
| 9 | Have you received specialist reports on this patient? | YES: | <input type="checkbox"/> |
| | | NO: | <input type="checkbox"/> |
| 10 | Copies of specialist correspondence attached? | YES: | <input type="checkbox"/> |
| | | NO: | <input type="checkbox"/> |
| 11 | 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 | |
| Name | | | |
| Position and qualification(s) | | | |

Notes for the applicant’s doctor or specialist

Ill health retirement should be a last resort. If a member has health problems, in the first instance they should seek the necessary treatment and, if appropriate, occupational health should look at ways to help them to remain in or to return to work, in line with the Equality Act and equivalent legislation in Northern Ireland. This could be through such measures as redeployment, workplace adjustments, flexible working or specialist support. Adjustments must be considered before concluding that ill-health retirement may be appropriate.

It is necessary to demonstrate that the member not only has a medical condition that renders them incapable of doing their normal duties, but also despite appropriate treatment, that the resulting ill health and incapacity is likely to be present until the scheme or State pension age.

When a medical condition is severe enough to warrant ill health retirement, it is generally expected that the applicant will have had the benefit of a specialist opinion during their illness. It is difficult to conclude that an illness will not resolve or improve until all evidence-based treatments for the specific illness have been completed. It is generally helpful in the consideration of an application if medical information is available from the applicant’s treating 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.

It is important that the information provided is legible. The applicant can ask their employer for an electronic version of this form if you would prefer this.

MEDICAL IN CONFIDENCE - when completed

Civil Service Pension Scheme

Application for an ill health retirement assessment – partnership only

P 2 – Employer to complete

You should refer to the IHR1 & IHR2 '*notes for the employer*', when filling this in.

| Your Details | | | | | | | |
|---|--|--|--|--|--|--|--|
| Name of employer | | | | | | | |
| Name of person placing order | | | | | | | |
| Address (including post code) | | | | | | | |
| Telephone number | | | | | | | |
| Fax number | | | | | | | |
| e-mail address | | | | | | | |
| Employer Location Code | | | | | | | |
| <p>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</p> | | | | | | | |
| Purchase Order Number | | | | | | | |
| <p>If you do not operate a purchase order system, please provide a unique identifier for example your cost centre or referring manager's name.</p> | | | | | | | |
| Identifier | | | | | | | |

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

| | | | |
|-----------|--|-------|--|
| Job title | | Grade | |
|-----------|--|-------|--|

| | | | |
|------------------|--|------------------------------------|--|
| Contracted hours | | Employee / Staff number (optional) | |
|------------------|--|------------------------------------|--|

| | |
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| Home address (including post code) | |
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| | |
|--------------------------|--|
| Daytime telephone number | |
|--------------------------|--|

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|------------------------------|--|
| Alternative telephone number | |
|------------------------------|--|

| | |
|--|--|
| Is your employee terminally ill with less than 12 months' life expectancy? | |
|--|--|

In the above circumstances the IHR 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.

| | |
|--|--|
| Is this a retrospective IHR application? | |
|--|--|

If your employee has left or been dismissed, you **must** ask My Civil Service Pension (MyCSP) to apply for authorisation from the scheme manager, Cabinet Office before referring such a case to the Scheme Medical Adviser. The Scheme Medical Adviser will not be able to consider any application for retrospective IHR without such authorisation. See the '*Ill Health Retirement – Procedural Guidance for Employers*' for more information.

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

Please put **X** in one of the following boxes to confirm whether the employee:

| | | |
|----------|---|--------------------------|
| A | Entered eligible employment on or after 30 July 2007 and has a pension age of 65 See note ⓘ below | <input type="checkbox"/> |
|----------|---|--------------------------|

| | | |
|----------|--|--------------------------|
| B | Entered eligible employment on before 30 July 2007 and has a pension age of 60 | <input type="checkbox"/> |
|----------|--|--------------------------|

ⓘ You should put **X** in box **B** if this employee is a re-joiner with eligible service before 30 July 2007.
The pension age of a partnership member will be the same age that would have been applied had they joined the Civil Service Pension Scheme.

| | |
|--|--------------------------|
| Please put X to confirm that you have checked that your employee meets the eligibility conditions for IHR | <input type="checkbox"/> |
|--|--------------------------|

There are other qualifying conditions for IHR such as length of service and age. You must check that your employee meets these before applying for IHR. See the IHR1 & IHR2 ‘notes for the employer’ more information.

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 | |
| Name | | Position | |

i 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 | What consideration has been given to job modification and redeployment? | | |
| | Can these adjustments be maintained long term? Please put X in the appropriate box. | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| 2 | What job is this employee expected to do? A full job description is needed. See the IHR1 & IHR2 ' <i>notes for the employer</i> ' for more information. | | |
| 3 | Please list details of sick absences during the last five years | | |
| | From | To | Incapacity |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Please confirm that you have attached documents A & B and, if applicable, C and/or D with this application form. Please put X against those that apply. | | | |
| A | IHR2 - P1 – completed by the member | | <input type="checkbox"/> |
| B | A report from your OHP that fulfills the criteria outlined in the ' <i>notes for your Occupational Health Provider</i> ' given at the end of the form, to enable the Scheme Medical Adviser to reasonably assess the member's case | | <input type="checkbox"/> |
| C | Copies of any previous correspondence on this case from the Scheme Medical Adviser, if applicable | | <input type="checkbox"/> |
| D | Any additional medical evidence that may have been submitted by the member, if applicable | | <input type="checkbox"/> |
| If exceptionally you cannot provide any of the documents please explain why not | | | |

| | |
|---|--|
| <p>When you have collected together all of the information asked for, you should send it to the Scheme Medical Adviser via the HML Online portal or post to the address opposite</p> | <p>Health Management Limited Ash House The Broyle Ringmer East Sussex BN8 5NN</p> <p>Email: civilserviceadmin@healthmanltd.com</p> |
|---|--|

Notes for your Occupational Health Provider – if required

Ill health retirement should be a last resort. If a member has health problems, in the first instance they should seek the necessary treatment and, if appropriate, Occupational Health Advisers should look at ways to help them remain in or to return to work, in line with the Equality Act and equivalent legislation in Northern Ireland. This could be through such measures as redeployment, workplace adjustments, flexible working or specialist support. Adjustments must be considered before concluding ill-health retirement may be appropriate.

Before an application is likely to be supported it is necessary to demonstrate that the member not only has a medical condition that renders them incapable of their normal duties, but also despite appropriate treatment the resulting incapacity is likely to be permanent. In other words both the ill health and the incapacity must be likely to be present until normal pension age.

When a medical condition is severe enough to warrant ill health retirement, it is generally expected that the applicant will have had the benefit of a specialist opinion during their illness. It is difficult to conclude that an illness will not resolve or improve until all evidence-based treatments for the specific illness have been completed. It is generally helpful in the consideration of an application if medical information is available from the applicant's treating specialist.

Applications for ill health retirement will be considered on the basis of the medical information submitted with the application. The scheme medical adviser will not necessarily seek further medical evidence in support of an application. The scheme medical adviser will provide an outcome to the application when the evidence base supports that outcome and that the collection of further medical evidence appears unlikely to add substantial new medical detail.

Medical detail is needed on the member's primary diagnosis and any other medical conditions; current clinical signs present, symptoms, diagnosis, investigations performed, treatment administered, response to treatment and the resulting functional capability.

The scheme medical adviser uses this information to assess an application against the scheme definitions with detailed knowledge of how this particular scheme's rules are interpreted.

- ① **An expression of opinion on eligibility for ill health retirement is not required since only the scheme medical adviser is authorised to give an opinion of your patient's application for ill health retirement benefits, or likely to fully understand the rules of the scheme.**