

## III Health Retirement – Procedural Guidance for Employers

### Contents

<b>1. About This Guide</b>	<b>4</b>
1.1. General	4
<b>2. The Medical Advice Contract</b>	<b>4</b>
2.1. Delegation of authority	4
2.2. Roles and responsibilities	4
2.3. When to refer a case to the Scheme Medical Advisor	5
<b>3. III Health Retirement Qualifying Service</b>	<b>6</b>
<b>4. III Health Retirement Criteria</b>	<b>6</b>
4.1. III health retirement criteria in classic	6
4.2. III health retirement criteria in classic plus, premium and nuvos	6
4.3. III health retirement in alpha	6
4.4. III health retirement in partnership	7
<b>5. Process for applying for an ill health retirement assessment</b>	<b>7</b>
5.1. Pre-application process	7
5.2. How to apply for an ill health retirement assessment	7
5.3. What application form should be used?	7
5.4. What documents will the Scheme Medical Advisor require?	8
5.5. How should documents be sent to the Scheme Medical Advisor?	8
5.6. Where to send documents	9
5.7. Exceptional cases where life expectancy is less than twelve months	9
5.8. Exceptional grounds for allowing retrospective application for ill health retirement	9
<b>6. What happens after an application is sent to the Scheme Medical Advisor?</b>	<b>10</b>
6.1. Scheme Medical Advisor Actions	10
6.2. Employer Actions	12
6.3. Enquiries	13
<b>7. Reviews of upper tier ill health retirement award in premium, nuvos and alpha</b>	<b>13</b>

<b>8. Early payment of preserved award on medical grounds (EPPA)</b>	<b>14</b>
8.1. Overview of EPPA	14
8.2. Ill health retirement criteria for EPPA in classic	14
8.3. How to apply for an EPPA medical assessment	14
8.4. What documents will the Scheme Medical Advisor require for EPPA assessments?	14
8.5. What happens after an EPPA application is sent to the Scheme Medical Advisor?	15
8.6. Ill health retirement criteria for EPPA in classic-plus, premium and alpha	15
<b>9. Appeals</b>	<b>15</b>
<b>10. Invoicing Arrangements</b>	<b>15</b>
10.1. Location Codes	15
10.2. Invoices	15
<b>11. Complaints Procedure</b>	<b>16</b>
11.1. Purpose of the complaints procedure	16
11.2. How to complain	16
11.3. What happens next?	17
11.4. How to escalate a complaint	17
11.5. Escalation route for complaints that remain unresolved	17
<b>Appendix A</b>	<b>18</b>
Scheme Medical Advisor Actions	18
<b>Appendix B</b>	<b>20</b>
Ill Health Retirement Qualifying Conditions by Scheme	20
<b>Appendix C</b>	<b>20</b>
Fees for obtaining medical advice	20
<b>Appendix D</b>	<b>21</b>
Meaning of particular terms by scheme	21
<b>Appendix E</b>	<b>22</b>
List of current application forms used for medical assessments	22
<b>Appendix F</b>	<b>23</b>
Type of information the Scheme Medical Advisor will be seeking	23
<b>Appendix G</b>	<b>24</b>
Meaning of acronyms	24

<b>Appendix H</b>	<b>25</b>
Annual Allowance – Changes to the Ill-Health Retirement process	25
<b>Part A</b>	<b>26</b>
Annual Allowance Fact Sheet for Civil Service pension scheme members leaving on ill-health retirement	26
<b>Appendix I</b>	<b>29</b>
IHR Retirement form – How to complete the IHR application form	29

## 1. About this guide

### General

This document gives guidance on the procedures employers, (or (MyCSP) in some instances), should follow when dealing with Ill Health Retirement.

The procedure for reviewing or appealing against ill-health retirement or injury benefit decisions is explained in the *Medical Reviews and Appeals Guide*. This guide is available on the website, [www.civilservicepensionscheme.org.uk](http://www.civilservicepensionscheme.org.uk) under 'Employers' – 'Scheme Medical Advisor'.

An '*Ill Health Retirement – Guide for Members*' has also been published and can be found in the 'Publications' section of the Member page on the Civil Service Pensions website. Employers should refer members to this guide if the member is being considered for ill health retirement.

## 2. The Medical Advice Contract

### 2.1. Delegation of authority

The Scheme Manager, at Cabinet Office appoints a Scheme Medical Advisor (SMA) as the sole provider of advice on access to medical-related pension scheme benefits on behalf of the Civil Service Pensions Schemes (PCSPS and CSOPS). The appointment operates through a framework agreement contract with Cabinet Office. A call-off contract exists between the referrer and the SMA for each application placed with them for medical advice.

The Scheme Manager has a contract with MyCSP for the management of the framework agreement and the provision of guidance to employers and MyCSP on procedures for applying to the SMA for medical advice. See **Appendix G** for an explanation of the meaning of acronyms.

### 2.2. Roles and responsibilities

Employers and MyCSP must use the SMA as the single source of advice on access to medical-related pension scheme benefits. Employers will also use their own occupational health advisory service to provide support and advice in the management of sick absence. Employers should already have been involved in the process as, before considering ill-health retirement, they should have investigated ways of helping the individual return to, or stay in, employment. Employers and their occupational advisory service do not need to provide an opinion on eligibility for ill health retirement since only the SMA is appointed to provide such an assessment and to fully understand the scheme criteria.

### 2.3. When to refer a case to the Scheme Medical Advisor

Employers must refer cases to the SMA ‘when either management or the person concerned, consider that the causes of poor performance or poor attendance may make retirement on medical grounds appropriate’ (Civil Service Management Code (CSMC): November 2016, para. 6.3.2c). Such considerations will include investigating if there are underlying health problems in the first instance (that may make ill health retirement appropriate) and also, if the employee meets the scheme ill health retirement qualifying service and qualifying conditions. See **paragraph 3** below and **Appendix B** for further information on qualifying service and other eligibility conditions for each scheme.

Employers must also inform staff of their right to:

- have their case referred to the medical services adviser or appointed by the Cabinet Office for provisions relating to the Civil Service Pension Schemes; and
- apply for medical retirement (CSMC: November 2016, para. 6.3.2d)

An employee may be dismissed for inefficiency ‘where performance or attendance does not improve and medical retirement is inappropriate’ (CSMC: November 2016, para. 6.3.3), or where an application for ill health retirement has not been supported by the SMA.

If a case has been referred to the SMA, the employee concerned should not be dismissed for inefficiency before the ill health retirement assessment has been completed by them. Taking such action (unless the employee refuses to give consent for an application to be made or for medical evidence to be obtained) could lead to an application being stopped if the employee’s Civil Service employment is terminated before an outcome has been confirmed. If ill health retirement is not supported by the SMA then staff may be dismissed on grounds of efficiency departures. The individual will still have a right to appeal against an ill health retirement decision within the specified time limits, even if they have been dismissed in the meantime (see *Medical Reviews and Appeals Guide* :[www.civilservicepensionscheme.org.uk](http://www.civilservicepensionscheme.org.uk) under ‘Employers’ – ‘Scheme Medical Advisor’).

#### **(i)** Please note:

- The final decision on ill health retirement is the employer’s but it cannot be awarded unless the SMA has provided the employer with the medical retirement certificate.
  - Please [see section 6, chapter 6.1](#) of the Employers’ Pension Guide for information about recovering debts from awards in cases where an individual is going to be dismissed or leave with compensation while an appeal against an ill health retirement decision is ongoing that may result in the original decision being overturned.
- You should not refer a case to the SMA where ill health retirement would not be considered for exceptional reasons. This will apply where the member is under investigation for alleged misconduct that could lead to their dismissal. In most cases a decision on ill health retirement will be deferred until the investigation has been completed and then only progressed if the individual has not been dismissed. You must tell the SMA of the details of any ongoing disciplinary action when submitting an ill-health retirement application form.

### 3. Ill Health Retirement Qualifying Service

Members of **classic, classic plus, premium, nuvos, partnership and alpha** must have at least 2 years' qualifying service. The table in **Appendix B** gives a breakdown of qualifying conditions that a member of a particular scheme would need to meet to be considered for IHR.

### 4. Ill Health Retirement Criteria

#### 4.1. Ill health retirement criteria in classic

The criteria for ill health retirement in **classic** are that an individual is prevented by ill health from discharging his/her duties and that the ill health is likely to be permanent.

#### 4.2. Ill health retirement criteria in classic plus, premium, nuvos

There are two levels, or tiers, of ill health retirement. What tier is given depends on the effect of the incapacity on the member's ability to carry out work. The medical advisor can recommend a provisional award at the rate most appropriate at the time if they are unable to decide which of the criteria is met.

The criteria are as follows:

- Lower tier:** An individual has suffered a permanent breakdown in health and the resulting incapacity prevents them from discharging their own job or a comparable job.
- Upper tier:** An individual has suffered a permanent breakdown in health and the resulting incapacity prevents them from discharging their own job and of undertaking any other gainful employment.

#### 4.3. Ill health retirement criteria in alpha

There are two levels, or tiers, of ill health retirement. What tier is given depends on the effect of the incapacity on the member's ability to carry out work. The medical advisor can recommend a provisional award at the rate most appropriate at the time if they are unable to decide which of the criteria is met.

The criteria are as follows:

- Lower tier:** An individual has suffered a permanent breakdown in health and the resulting incapacity prevents them from discharging their own job or a comparable job.
- Upper tier:** An individual has suffered a permanent breakdown in health and the resulting incapacity prevents them from discharging their own job and of undertaking any gainful employment.

**(i)** Please note that alpha members who have already partially retired can only qualify for a lower tier ill-health pension.

#### 4.4. Ill health retirement in partnership

A member of the **partnership** money-purchase scheme may receive ill health retirement benefits from that scheme if the SMA assesses their breakdown in health is permanent and they are incapable of doing their own or a comparable job (this is akin to the **premium** and **nuvos** lower tier ill health retirement criteria – see above).

### 5. Process for applying for an ill health retirement assessment

#### 5.1. Pre-application process

Before considering ill health retirement employers, with the help of their own occupational health advisor, must have investigated ways of helping the individuals return to work. See paragraph 2.2 and 2.3 above for more information about the roles and responsibilities of the employer and their occupational health provider in investigating cases.

Formal applications for ill health retirement may be made either by the individual or by the employer. Individuals applying for ill health retirement must do so through their employer. In these circumstances it is not necessary for the occupational health provider to recommend referral to the SMA. **Employers seeking ill health retirement for a member must ensure that the individual is aware of the request.**

#### 5.2. How to apply for an ill health retirement assessment

Employers should refer cases to the SMA using the correct application forms <http://www.civilservicepensionscheme.org.uk/employers/employer-forms/> and must supply as much current evidence as possible to support the application. All applications submitted should be made on the most recent application form on the website. Older versions of the form will not be accepted. Please also ensure that the consent form (s) permitting the SMA to request reports from the member's doctor must have the physical signature of the member or bear a scanned facsimile of that signature.

**Please refer to Annex I which is a guide on how to complete the application form**

**(i) Please note:** The SMA will also need to consider whether or not a member satisfies the criteria for HMRC severe ill health, in relation to the Annual Allowance.

#### 5.3. What application form should be used?

A list and description of the current forms in use for medical assessment applications from the SMA can be found in **Appendix E**.

#### 5.4. What documents will the Scheme Medical Advisor require?

- IHR1 P1 – completed by the member
- IHR1 P2 – completed by the employer
- Please provide all reports to management from your occupational health provider as well as the clinical records of any consultations upon which those reports are based and any reports from the member's doctor that have been obtained by the occupational health provider. In general all documents less than 12 months old will be sufficient unless the occupational health provider is of the view that older documents contain relevant information and will add to the SMA's understanding of the application
- Copies of any previous correspondence on this case from the SMA, if applicable
- Any additional medical evidence that may have been submitted by the member, if applicable

**Extracts from clinical notes or reports and documents that have had elements redacted are not generally acceptable and complete documents must be submitted, this includes the authors / clinician's name and status.**

The Ill-health retirement application form (IHR 1 or IHR 2) contains details of the documentation that needs to accompany the application form.

Certain material information missing in referrals from employers cannot be identified until the application is reviewed by a clinician. If the required documents or other essential information are not included the SMA will contact the referrer in writing within two working days to request that the missing documents or essential information are submitted as quickly as possible if they are readily available. If the missing documents or essential information are not readily available or are not supplied within a reasonable and agreed timeline, then the SMA will return applications to the employer. Please be aware that these delays can add up to 4 weeks to the process.

**Do not** send any other files or unnecessary documents (for example personal, HR or Pension files) to them. Either original documents or photocopies are acceptable but any papers extracted from original files should present a comprehensive picture of the case.

**For more information on the type of information the Scheme Medical Advisor will be looking for to make an assessment see Appendix F.**

#### 5.5. How should documents be sent to the Scheme Medical Advisor?

Employers should refer to any internal guidance their department has in place on secure methods of transmitting personal or medical information. For example, some employers may use specific track and trace services or refer ill health retirement cases via their occupational health provider or Human Resource Service Centre.

Any documents sent by post to the SMA should be enclosed in two sealed envelopes. The SMA will return them in this way using an outer 'polythene' envelope.

Most medical evidence will be held in a sealed envelope marked as 'Medical in Confidence', including items such as occupational health assessments and GP or specialist reports.



## 5.6. Where to send documents

Completed applications and supporting documents should be sent to the Scheme Medical Advisor, Health Management Ltd (HML) via the online portal as detailed in EPN497. The HML address is:

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

## 5.7. Exceptional cases where life expectancy is less than twelve months

The application form requires confirmation if the member has a life expectancy of less than twelve months.

If at any time after the form has been submitted, the employer becomes aware that the individual has a terminal illness and their life expectancy is less than twelve months they must tell the medical advisor straight away so that the ill health retirement application is progressed urgently.

## 5.8. Exceptional grounds for allowing retrospective application for ill health retirement

Retrospective application for ill health retirement is not the same as Early Payment of a Preserved Award (EPPA – see Section 8 for more information about EPPA). Considering ill-health retirement retrospectively is an exceptional measure, usually only allowed when an error has occurred in the original handling of a case. For example:

- the member left employment due to ill health without ill health retirement first being considered by the employer, or;
- the member left due to ill health without realising they could have applied for ill health retirement.

**Employers must apply for authorisation from the Scheme Manager, Cabinet Office, before referring a retrospective ill health retirement case to the SMA.** You can contact Cabinet Office directly by e-mailing [cspsemployerenquiries@cabinetoffice.gov.uk](mailto:cspsemployerenquiries@cabinetoffice.gov.uk). The SMA will not be able to consider any application for retrospective ill health retirement without such authorisation.

## 6. What happens after an application is sent to the Scheme Medical Advisor?

### 6.1. Scheme Medical Advisor Actions

#### Processing and turnaround times

- The SMA assesses application forms within two working days of receipt. This time allows the SMA to thoroughly check the case for essential paperwork and information that will allow the case to be input onto the advisor's system, and be progressed. If the case is deemed complete the service level will be measured from this point in line with the Service Standards. Where a case is deemed incomplete the SMA will return the case requesting that the essential paperwork or information is provided. The case will not be entered onto the SMA's system and considered, until it is deemed complete.
- Where a case is deemed as incomplete, the SMA will proceed to make the necessary contact with the referrer to obtain all missing information. Should the SMA not be able to obtain this information within reasonable timescale, then the case will be returned to you within 10 working days of acknowledgement. The SMA will charge you for returned referrals so it is important that you include all required information and documents. The timescale for completing an assessment, as set out in the service standards, will not commence until all necessary and complete papers have been submitted to them. Please be aware that these delays can add up to 4 weeks to the process.
- The SMA will decide if there is enough information to provide advice without them having to obtain further information.
- If there is, they will send you a report and certificate, where appropriate, within 10 working days of receipt of the case.
- If they need further evidence they will obtain this:
  - Through a personal consultation with the member or
  - Through obtaining a third-party report from the member's GP and/or specialist.
 Sometimes they will do both. They will keep you informed where this is happening.
- When a consultation is required, the SMA will telephone the member to arrange this, and send written confirmation of the appointment to both the member and to you. If the SMA is unable to make telephone contact with the member on two occasions an appointment will be made and confirmation provided by letter only to the member and to you. If the member subsequently cancels a consultation, the SMA will rearrange the appointment on one more occasion only. If the second appointment is not attended or cancelled no further appointment will be offered. If the member fails to attend a consultation or cancels with less than 48 hours' notice, there will be a full charge for the consultation. If a second consultation doesn't take place due to the member cancelling or not attending, then the case will continue without this additional information. Where the SMA has requested a consultation with the member they will send a report, and certificate where appropriate, giving their advice to the employer within 30 working days of receipt of the case. The 30 day timescale will not include periods where the service standard clock stops (for example when the member has rearranged or not attended an appointment).
- When a third-party report is required, the SMA will send the request within 5 working days of receipt of the case. They will send two chasers if a report has not been received after 20 and then 25 days and will return the case to the main process when the report has been received or after 30 working days if the report has not been received.

- Where the SMA has received the requested third-party report they will provide their assessment and certificate where appropriate, within 45 working days of receipt of the case.
- Where the SMA requests both a consultation with the member and a third-party report, they will send a report, and certificate where appropriate, within 65 working days of receipt of the case.
- Where the SMA requires reports from more than one of the member's doctors the service levels above will generally not apply. This is because the need for multiple reports often only becomes apparent as the case progresses. These cases will be removed from the existing service levels in order to obtain the relevant information.

**(i)** Please note: The SMA may request third party medical report(s). Where the GP or hospital refuse to release information without advance payment of the report(s), the SMA will pay for these reports in advance from September 2017. Under these circumstances, there will no longer be a need for the individual nor the employer to opt to pay in advance for the report(s).

- The SMA's report to you may be delayed if the member has asked to see a copy of it before it is sent to you, and/or raises any perceived factual errors that may need to be reviewed or rectified by the SMA. The member has five working days from the date of issue of the report in which to contact the SMA to raise any perceived factual errors or to refuse consent to release the report to you (if they have asked to see an advance copy). If they do not contact the SMA within five working days, then the report will be sent to you.

#### **Member involvement during the process**

- The member will only be given one opportunity to ask for factual errors to be corrected.
- If they have asked for the report to be amended, the SMA will write to them either providing a copy of the amended report or telling them that they will not make changes they have asked for. If the member has asked for the report to be amended, the SMA can no longer send any report to you without the member's renewed consent to do so. The member must contact them within 5 working days of the date on the corrected report (or the letter telling them that the SMA will not make changes to the report), to tell them whether they wish them to release the report to you. If the SMA does not hear from the member within this timescale they will tell you that they do not have the member's consent to release the report and that they are therefore unable to provide any advice.
- The member is clearly informed on the IHR Notes for the member and in the Ill Health Retirement – Guide for Members, that it is unlikely to be in their best interest to refuse consent to release the report to you and that you cannot offer ill health retirement without a report and certificate from the SMA confirming that they have a qualifying medical reason for ill health retirement.

**(i)** **Please note:** The purpose of providing the member with an advance copy of the report is primarily for transparency. It provides the member with an opportunity to request that factual errors are corrected. It is not intended as a vehicle to enable the scheme member to submit additional evidence in support of their application when the SMA has advised that the scheme criteria are not met.

## 6.2. Employer Actions

- You should keep the member up to date with progress of the application whenever the SMA updates you.
- When you receive the report and certificate you should advise the individual as soon as possible. Please remember that the final decision on ill-health retirement is yours but that you cannot award ill-health retirement without an ill health retirement approval certificate from the SMA.
- If the SMA supports Ill-Health Retirement, they will issue a certificate that is valid for 4 months and 10 days. If you decide to award ill-health retirement the last day of service of the member must be within the 4 month 10 day period. The date on the certificate is the date closed by the SMA; the report date will be the same as the date the certificate is issued. In some circumstances the pension may come into payment before the date on the certificate (e.g. where a member is dismissed in the middle of the ill-health retirement appeal process and their appeal is upheld).
- In all cases, you should give your employee details of the SMA advice and advise them of their appeal rights (see **point 9** below).
- If the SMA is unable to provide any advice because the member has withdrawn consent for the report to be sent to you, or has asked for factual errors to be corrected but not given renewed consent for the report to be sent to you:
  - it can be taken that the member has stopped the ill health retirement process;
  - you cannot offer ill health retirement and can proceed to take other action (e.g. dismissal for inefficiency, if you intended to take such action), having considered the appropriateness of ill health retirement;
  - the member will not be able to appeal against the ill health retirement assessment.
  - the member will not be able to apply for retrospective ill health retirement.

An explanation of the impact of withdrawing consent for the SMA to send their assessment report to you is given on the Notes for the member and in the '*Ill Health Retirement – Guide for Members*' (paragraph 17).

The flowchart in **Appendix A** illustrates what actions the SMA and referrer should take. It also illustrates the agreed timelines within which they should complete an assessment depending on whether or not a third-party report or face to face consultation, or both are required.

### 6.3. Enquiries

If you have a general enquiry about the ill health retirement procedures you should contact MyCSP on telephone number 0300 123 666 or by e-mail at [contactcentre@mycsp.co.uk](mailto:contactcentre@mycsp.co.uk) .

If you have an enquiry about a request for retrospective ill health retirement, please contact the Scheme Manager, Cabinet Office, see section 5.8 in the guidance

If you have an enquiry or an extension to an appeal deadline (see section 9 in the guidance), you must ask MyCSP for guidance and authorisation (if agreed), before referring such a case to the SMA. MyCSP will tell you if your request has been approved or not within **10 working days** of receiving your enquiry. If your request has been approved MyCSP will forward written authorisation confirming that the request has been authorised. You should then enclose a copy of the written authorisation with the submission to the SMA. The SMA will not be able to consider any application for retrospective ill health retirement or an extension to an appeal deadline without receipt of written authorisation from the Scheme Manager.

If you have an enquiry about an active case you should contact the SMA, by email at [civilserviceadmin@healthmanltd.com](mailto:civilserviceadmin@healthmanltd.com) , this is the dedicated e-mail inbox for employers. For complaints about the service provided by them, see section 11 below.

## 7. Reviews of upper tier ill health retirement awards in classic plus, premium, nuvos and alpha

- Unlike in **classic**, where once in payment an ill health retirement pension remains in payment for life, **classic plus, premium, nuvos and alpha** have review arrangements. There are two types of award which are reviewed:
  - **Provisional award** - the SMA may not be able to decide if a pension should be at the higher or lower rate and they may make a provisional award at whichever rate is the most appropriate to the current condition. The SMA will decide when the case should be reviewed and this may be done at any time up to five years from the award decision. At the time of the review the SMA will either confirm the original award or change it. If the award reduces, three months' notice is given to the individual of the change in pension. If the pension increases after review new payments take effect from the date of review
  - Periodical review** - if the award is at the higher rate (upper tier), the SMA generally reviews the case every five years, or at any time up to five years. In exceptional cases the SMA may determine that it is not necessary to undertake reviews such as in cases of serious ill health. If a review is required and the person's condition improves so that the conditions for the higher rate are no longer met, the pension is reduced to the lower rate. If this happens MyCSP will give the individual three months' notice of the change in their pension. The pension is not taken away even if the person makes a full recovery. Periodical reviews stop when the person reaches scheme pension age.

## 8. Early payment of preserved award on medical grounds (EPPA)

### 8.1. Overview of EPPA

A former **classic** scheme member can access their benefits early if their health breaks down. Their benefits are not enhanced but they do attract pensions increase and are not subject to further review.

**(i) Please note:** only members of **classic** may access their preserved benefits early on medical grounds. Early payment on medical grounds is *not* available to **classic plus, premium or nuvos and alpha** members – except in cases of serious ill health in which life expectancy is less than twelve months (see para. 5.7)

### 8.2. Ill health retirement criteria for EPPA in classic

The criteria for early payment of a preserved award are that after leaving the Civil Service the person falls ill before their scheme pension age and had they remained in the Civil Service they would have been retired on grounds of ill health.

**(i) Please note:** Early payment of a preserved award is **not** the same as considering ill health retirement retrospectively which is an exceptional measure considered only in very restricted circumstances (see paragraph 5.8 above).

### 8.3. How to apply for an EPPA medical assessment

Applications for medical advice should be made by the applicant's former employer (or MyCSP if the department no longer exists), using the form EPPA1. The applicant must supply as much current evidence as possible to support the application. (Medical information is generally only considered current if it has been supplied within the last 3 months).

A list and description of the current forms in use for medical assessment applications from the SMA can be found in **Appendix E**.

### 8.4. What documents will the Scheme Medical Advisor require for EPPA assessments?

The individual's original letter of application is often helpful and this is particularly so if it is accompanied by a GP letter as is often the case.

It may be difficult to identify an accurate job description for someone who left some time ago. In such circumstances a general description of the duties will suffice, including any specific physical or mental requirements of the job. The application will not be processed without a job description from the former employer.

Occupational health records, particularly if the individual has been employed within the Civil Service more recently, may be very valuable and should be forwarded with each application. If the available medical evidence sent with the application is inadequate the SMA will remedy by either examining the applicant and / or by obtaining third party reports.

**Please see paragraph 5.5 and 5.6 for information about how and where to send documents to the Scheme Medical Advisor.**

### 8.5. What happens after an EPPA application is sent to the Scheme Medical Advisor?

When the SMA has considered the case a Certificate either supporting or turning down the application will be sent to the employer (or MyCSP). MyCSP can award benefit from “the day the application was made by the individual member”. Please confirm the date when you submit the certificate for processing to MyCSP.

Please refer to 6.1 which confirm the SMA’s actions.

### 8.6. Ill health retirement criteria for EPPA in classic-plus, premium and alpha

Early payment of a preserved award for a non-classic member after leaving the Civil Service is only available in exceptional cases where the life expectancy is less than twelve months.

## 9. Appeals

Individuals can appeal against a decision not to grant or to grant ill health retirement. Details of the appeals procedure is given in the *Medical Reviews and Appeals Guide*. This guide is available on the website, [www.civilservicepensionscheme.org.uk](http://www.civilservicepensionscheme.org.uk) under ‘Employers’ – ‘Scheme Medical Advisor’.

## 10. Invoicing Arrangements

### 10.1. Location Codes

The SMA identifies where to send invoices from the location code that you entered on the application form.

Should the referring manager of an application not be familiar with the IHR process, it is likely that they may not hold a valid location code for the particular department that the scheme member is employed by. Should this be the case, such codes are able to be obtained by contacting a member of the HML Administration Team by e-mail at [civilserviceadmin@healthmanltd.com](mailto:civilserviceadmin@healthmanltd.com). In the event that we do not have a location code available for the requested department, we are able to create this code, with the requirement of a billing address being provided. This detail must be provided to the team by email at [civilserviceadmin@healthmanltd.com](mailto:civilserviceadmin@healthmanltd.com). This will be provided within a 48 hour timeframe.

### 10.2. Invoices

An invoice will normally be sent each month for the services that the SMA has supplied. **Please remember that, as part of the Government’s support to business, you must pay invoices within ten days.**



## 11. Complaints Procedure

### 11.1. Purpose of the complaints procedure

Should you or your employee wish to complain about the service provided by the SMA you should follow the complaints procedure outlined in 11.2. Examples might include matters relating to the convenience of any appointment or the way the SMA carried out the medical consultation.

This process does not cover the medical appeals procedure about SMA recommendations. The appeals procedure is explained in the *Medical Reviews and Appeals Guide* available on the Civil Service Pensions website. The complaints process is also separate from the Internal Dispute Resolution procedure, please see the leaflet '*If you have a complaint about your pension*', which is on the Civil Service Pensions website.

The purpose of the complaint procedure is not to provide a mechanism for challenging the SMA's advice. The correct vehicle to do this is the appropriate review or appeal procedure. If the member thinks that the SMA has considered their application incorrectly, then they must specify what error they believe the SMA has made. The SMA will not generally consider the merits of an application when responding to a complaint.

### 11.2. How to complain

Where a member raises a complaint, you must first decide whether it is for the SMA to investigate. You may be able to respond to the complaint yourselves, explaining any problems or delays. If you do feel that it is appropriate to refer the complaint to the SMA you must ask the member to complete form Med 9,

The complaint should complete section 1 of the form. You or MyCSP should complete section 2 of the form.

If you have a complaint about the service provided by the SMA, you should complete section 1 and section 2 of the form.

**(i) Please note:** A list and description of the current forms in use and where they can be found is given in **Appendix E**.

#### Where to complain:

All complaints must be sent on form Med 9 to :

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

Email: [civilserviceadmin@healthmanltd.com](mailto:civilserviceadmin@healthmanltd.com)



### 11.3. What happens next?

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 SMA will tell you which timeline applies. Where the case concerns a member's complaint you must give the member written details about the outcome.

### 11.4. How to escalate a complaint

If the member is dissatisfied with the response from the SMA they should tell you. If you feel the matter has been resolved, you must explain your reasons to the member. If you agree with the member that their complaint remains unresolved or you have made a complaint that remains unresolved, you should escalate the complaint to Tom Baird, Administration Team leader, Heath Management Ltd by email: [Tom.baird@healthmanltd.com](mailto:Tom.baird@healthmanltd.com). The Team leader will acknowledge receipt of your complaint within 2 working days and aim to provide a full reply within 10 working days.

### 11.5. Escalation route for complaints that remain unresolved

If you or your member's complaint remains unresolved after the above routes have been exhausted and 10 working days have passed since escalating the complaint to the Team Leader, you should escalate it to MyCSP with a note of previous action taken and any response received from the SMA. MyCSP will arrange for your complaint to be investigated by the appropriate authority in MyCSP who will aim to give a response within 10 working days.

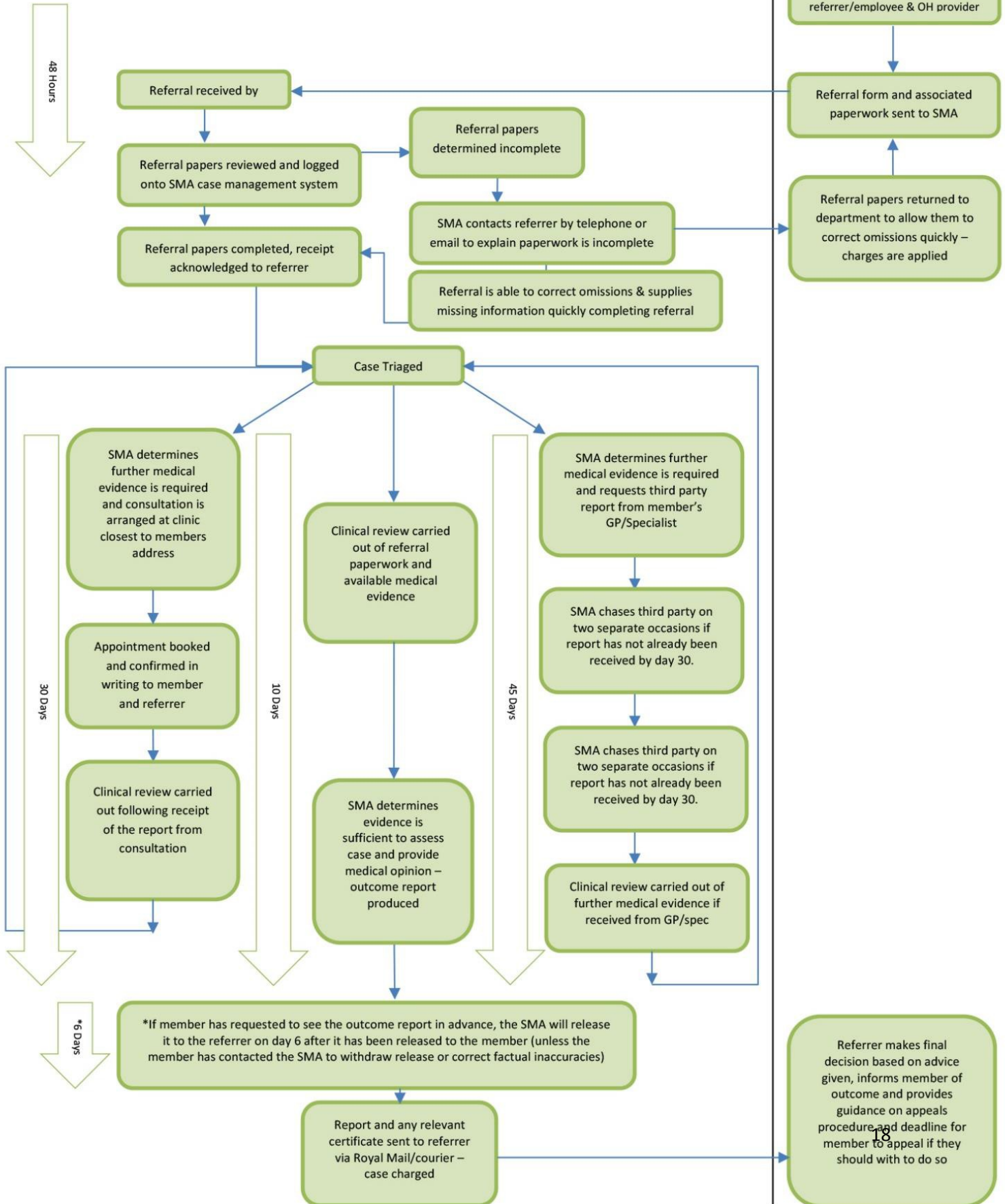
**(i) Please note:** the complaints process does not cover the medical appeals procedure about SMA recommendations. The appeals procedure is explained in the *Medical Reviews and Appeals Guide* available on the Civil Service Pensions website. The complaints process is also separate from the Internal Dispute Resolution procedure, please see the leaflet '*If you have a complaint about your pension*', which is on the Civil Service Pensions website.

**(i) Please note:** You can look up the contact details of MyCSP on the website, [www.civilservicepensionscheme.org.uk](http://www.civilservicepensionscheme.org.uk) under 'Contact us'.

Appendix A

Scheme Medical Advisor Actions

NB: Timelines provided are in working days



Should the case be incomplete the SMA will endeavour to obtain the information to allow the case to be created if this can be done quickly or returned to the referring department to correct omissions.

**Service Standards – Appendix A**

The SMA will issue an assessment within:

10 working days of receiving the application form if there is sufficient medical evidence in the submission.

30 working days of receiving the application form where a consultation is offered.

45 working days of receiving the application form where a third-party report is requested.

65 working days of receiving the application form where both a consultation is offered and a third-party report is requested.

Should the case be incomplete the SMA will endeavour to obtain the information to allow the case to be created if this can be done quickly or returned to the referring department to correct omissions.

## Appendix B

Length of qualifying service	Age	classic	classic plus/premium	nuvos	partnership	alpha
<b>Less than 2 years</b>	Any age	No referral – can proceed to dismissal	No referral – can proceed to dismissal	No referral – can proceed to dismissal	Not qualified for IHR pension	No referral – can proceed to dismissal
<b>Between 2 and 5 years</b>	Under age 60	Can refer	Can refer	Can refer	Can refer	Can refer
	Between 60 and 65	No referral – can proceed to dismissal	No referral – can proceed to dismissal	Can refer	Not qualified for IHR pension	Can refer
	65 and over	No referral – can proceed to dismissal	No referral – can proceed to dismissal	No referral – can proceed to dismissal	Not qualified for IHR pension	See below
	Up to State Pension Age (alpha)					Can refer
<b>Between 5 and 10 years</b>	Under age 60	Can refer	Can refer	Can refer	Can refer	
	Between 60 and 65	Can refer	No referral – can proceed to dismissal	Can refer	Not qualified for IHR pension	
	65 and over	No referral – can proceed to dismissal	No referral – can proceed to dismissal	No referral – can proceed to dismissal	Not qualified for IHR pension	See below
	Up to State Pension Age (alpha)					Can refer
<b>Between 10 and 20 years</b>	Under age 60	Can refer	Can refer	Can refer	Can refer	
	Between 60 and 65	Can refer	No referral – can proceed to dismissal	Can refer	Not qualified for IHR pension	
	65 and over	No referral – can proceed to dismissal	No referral – can proceed to dismissal	No referral – can proceed to dismissal	Not qualified for IHR pension	
	Up to State Pension Age (alpha)					Can refer
<b>20 years and over</b>	Under age 60	Can refer	Can refer	Can refer	Can refer	Can refer
	Between 60 and 65	No referral – can proceed to dismissal	No referral – can proceed to dismissal	Can refer	Can refer	
	65 and over	No referral – can proceed to dismissal	No referral – can proceed to dismissal	No referral – can proceed to dismissal	Not qualified for IHR pension	
	Up to State Pension Age (alpha)					Can refer

## Appendix C

## Fees for obtaining medical advice

The current fees can be found on an Employer Pension Notice on the civil service website.

## Appendix D

### Meaning of particular terms by scheme

#### classic Scheme Terms

**Prevented** - means having a significant incapacity. It does not mean “unwilling”, “disinclined to” or “inconvenient to” undertake the duty. The employer will have obtained occupational health advice to identify any employment adjustments to possibly overcome the obstacles to working. The individual will usually have co-operated with this. The employer will only consider ill health retirements if they conclude that such adjustments are on balance unreasonable or unfeasible to implement. Collusion between employer and employee to manipulate the pension scheme is considered fraud.

**Ill health** - means a recognised medical condition which gives rise to the incapacity. Diagnosis must be supported by appropriate clinical findings.

**Discharging his/her duties** - means providing regular and efficient service in the normal duties of their responsibility level. It does not mean “all work” in the Civil Service context.

*Note: Individuals do not have to be incapable of attending work but rather incapable of providing acceptable levels of performance or attendance. What is ‘acceptable’ is governed by the requirement to make reasonable adjustments for those with health problems and, particularly if they are likely to fall within the scope of the Equality Act and equivalent legislation in Northern Ireland.*

**Likely** - means ‘on a balance of probabilities’. The permanence of the ill health does not have to be ‘beyond reasonable doubt’ but rather more likely than not. The medical advisor takes into account the effect of standard treatment when considering the incapacitating effects of a condition. In doing this they take into account the chances of a successful outcome.

**Permanent** - means until pension age. Not only does the ill health have to be permanent but it has to result in permanent incapacity. Many permanent medical conditions (for example asthma, diabetes, epilepsy) do not usually prevent individuals from working normally.

#### premium, nuvos and alpha Terms

**Permanent** - means until pension age. Not only does the breakdown in health have to be permanent but it also has to result in permanent incapacity. Many permanent medical conditions (e.g. asthma, diabetes, epilepsy, etc) do not normally prevent individuals from working normally.

**Breakdown in health** - means ill health caused by a recognised medical condition giving rise to the incapacity. Diagnosis must be supported by appropriate clinical findings.

**Incapacity** - means unable to work due to the breakdown in health.

**Prevents** - means having a significant incapacity. It does not mean “unwilling”, “disinclined to” or “inconvenient” to undertake the duty. The employer will have obtained occupational health advice to identify any employment adjustments to possibly overcome obstacles to working. The individual will usually have co-operated with this. The employer will only consider ill health retirements if they conclude that such adjustments are on balance unreasonable or unfeasible to implement. Collusion between employer and employee to manipulate the pension scheme is considered fraud.

**Discharging their duties** - means providing regular and efficient service in the normal duties of their responsibility level. It does not mean “all work” in the Civil Service context.

*Note: Individuals do not have to be incapable of attending work but rather incapable of providing acceptable levels of performance or attendance. What is 'acceptable' is governed by the requirement to make reasonable adjustments for those with health problems and, particularly if they are likely to fall within the scope of the Equality Act and equivalent legislation in Northern Ireland.*

**Incapable of undertaking other gainful employment** - the individual's functional ability to carry out any reasonable paid employment should have been impaired by more than 90%. That is, they may be capable of undertaking some types of job, but this is severely restricted by their loss of function caused by the illness.

**Incapable of doing own job or a comparable job** – means unable to turn up regularly to do a job at the same or equivalent grade level. They will however be capable of doing a range of other types

**Pension age** - means the earliest age at which a member can take their pension without it being reduced because of early payment.

## Appendix E

### List of current application forms used for medical assessments

No.	Type of advice
IHR1	Ill Health Retirement – except partnership
IHR2	Ill Health Retirement – Partnership only
EPPA1	Early Payment of Preserved Award – all schemes
APP1	Appeal against medical advice – ill health retirement or early payment of preserved award
CSIBS1	Injury benefit
CSIBS2	Appeal against medical advice – injury benefit award
Med9	Complaint Procedure Form – for complaints about the Scheme Medical Adviser not appeals against medical advice

All forms are on the Civil Service Pensions website, [www.civilservicepensionscheme.org.uk/employers/employer-forms/](http://www.civilservicepensionscheme.org.uk/employers/employer-forms/). There is also a link to the 'Employer forms' under 'Guidance for employers' – 'Scheme Medical Advisor'

## Appendix F

### Type of information the Scheme Medical Advisor will be seeking

The following notes explain the type of information the Scheme Medical Advisor (SMA) will be looking for before assessment that the definition of ill health retirement is satisfied:

#### Medical Evidence

There needs to be reasonable objective medical evidence that the scheme member:

- Has a recognised medical condition;
- That this condition renders them incapable of their normal duties and/or any other employment;
- That the condition renders the scheme member incapable of providing regular and effective service;
- That, despite appropriate treatment that the incapacity for work for regular and effective

It is often difficult to conclude that an illness will not resolve or improve until all evidence-based treatments currently widely available for the specific illness have been completed. The reason for this difficulty is a realistic expectation in most circumstances that remaining treatment options will improve symptoms and functional capabilities to enable a return to work.

There may be circumstances where a scheme member has had certain treatments, but there are remaining treatments available to them. In this situation, the SMA considers:

- The likely effects of outstanding evidenced-based treatments on the incapacitating effects of the scheme member's medical condition;
- The likely results of possible treatments;
- The prospects of the outstanding treatments taking place before scheme pension age;
- Whether there will be sufficient functional improvement for a return to work before state pension age.

Cases are considered on an individual basis and recommendations are based on the balance of probabilities. However, there does need to be a reasonably secure evidence base and reports from treating clinicians are almost always essential. In general, the expectation is that such reports would come from treating specialists. The SMA is not looking for an opinion on ill health retirement from such specialists in their reports, but clear information on the treatment that has been administered, the response to that treatment and whether there are remaining treatment options. A clear opinion on the likely long term outlook for the medical condition and the probable impact of future treatment is often very valuable.

In general, medical evidence should be comprehensive, current (within the last 3 months) and provide sufficient medical detail to indicate that the scheme definition is likely to be satisfied.



This approach is applied to all types of cases. However, there are certain types of case where there may be a need for specialist reports from more than one specialist. This is more likely to be a requirement in conditions where clinical signs may be softer (for example, psychiatric and some musculoskeletal cases) or in medically less than fully explained conditions. The SMA almost always needs a diagnosis to be able to pass a judgement on the likely future course of an illness. Cases with chronic symptoms for which there is no underlying cause are therefore most unlikely to meet the scheme criteria.

### **Non-Medical Evidence**

Consideration of adjustments and redeployment at exit from employment under the Equality Act legislation is just as important as at entry to employment. Clear evidence and statements of the employment adjustments made to facilitate effective working is essential.

When such modifications to work have been successful in overcoming obstacles to effective work it is important to understand if the employer can maintain the modifications in the long term or is only able to support the modifications temporarily.

When such modifications to work have not been successful it needs to be clearly explained why such initiatives have not had the desired effect.

It is also necessary to understand whether there is any further potential to implement additional modifications to work.

## **Appendix G**

### **Meaning of acronyms**

Acronym	Meaning
CSMC	Civil Service Management Code
MyCSP	MyCSP Ltd – pensions administrator for Civil Service Pensions
SMA	Scheme Medical Adviser, (Health Management, HML)
The Scheme Manager *	The scheme Manager, Cabinet Office – who acts as secretariat to the Scheme Management Board



## Appendix H

### Annual Allowance – Changes to the Ill-Health Retirement process

1. One of the consequences of the changes to the pension tax regime applicable from tax year 2011/12 is that people leaving on IHR could potentially incur an Annual Allowance tax charge, particularly if they receive an enhancement to their pension benefit.
2. HMRC has issued guidance that gives exemption from the Annual Allowance tax charge to individuals who meet the HMRC 'severe ill-health' criteria. However the severe ill-health criteria do not match the scheme criteria for ill-health retirement, and so for individuals to gain the exemption status they will need an additional assessment. All individuals who left the scheme on IHR from 1 January 2011 could potentially be affected.
3. MyCSP have arranged for the Scheme Medical Advisor to carry out the additional assessment. There is no longer a need to check with MyCSP whether the individual would breach the Annual Allowance.
4. Please implement the new process detailed below for all cases referred to the Scheme Medical Advisor from now onwards.

#### New process

5. Please send the individual the additional fact sheet. These should ideally be sent to the individual at the same time as they are requested to complete the IHR1. The consent form covers both the scheme and the HMRC severe ill health assessment and should be fully completed. You need to add the State Pension Age of the individual. You can calculate the state pension age by visiting the GOV.UK website: <https://www.gov.uk/state-pension-age>
6. You should send the IHR1 to the Scheme Medical Advisor who will carry out both medical assessments.

#### Assessment outcomes

7. The Scheme Medical Advisor will notify you of the outcome of the Scheme and HMRC severe ill health assessment at the same time, and include the outcome on the certificate that they issue.
8. Please advise MyCSP of the outcome of the severe ill health assessment and send them a copy of the certificate.

**(i) Please note:** in the event that a member does not meet the HMRC criteria, ill health retirement may give rise to a tax charge. MyCSP will inform the member at the time the benefits are finalised if that applies to them.

## Part A

### Annual Allowance Fact Sheet for Civil Service pension scheme members leaving on ill-health retirement

#### Do I need to read this information?

Yes, if you are leaving on ill-health retirement then you should read all the information in this fact sheet, as there is a possibility that you could incur an HM Revenue & Customs (HMRC) Annual Allowance tax charge. It is also possible that your medical condition may give you exemption from the potential tax charge. This fact sheet explains the Annual Allowance and the process you need to go through in order to be assessed against the exemption criteria.

#### What is the Annual Allowance?

The Annual Allowance sets the amount of pension saving that is allowed tax free in any one year. From tax year **2016/17** the Annual Allowance limit is £40,000, but this is subject to change.

#### How is the Annual Allowance worked out for defined benefit schemes such as classic, classic plus, premium, nuvos and alpha?

Full details are available on the HMRC website, but in basic terms it is the increase in the value of your pension from one year to the next multiplied by 16, plus the increase in value of your automatic pension commencement lump sum (**classic/classic plus** only), with a measure for inflation taken into account.

#### How might this affect me if I am leaving on ill-health retirement?

Under some circumstances leaving on ill-health retirement gives an enhancement to your pension benefits and this may result in a large increase in the value of your pension from one year to the next. For some individuals, the enhancement will mean that the amount their pension benefits increase from one year to the next will go over the Annual Allowance limit. Information on how to calculate your personal tax liability can be found at [www.hmrc.gov.uk](http://www.hmrc.gov.uk).

#### Are there any exemptions from the Annual Allowance tax charge for people leaving on ill-health grounds?

Yes, there are exemptions for people leaving because of what HMRC term 'severe ill-health'; however, the criteria are different to those that we use in the Civil Service pension scheme to determine if you qualify for ill-health retirement.

#### What are the HMRC criteria for severe ill health?

That someone is suffering from ill health which makes the individual unlikely to be able (other than to an insignificant extent) to undertake gainful work in any capacity up to at least State Pension age.

### How does this differ from the Civil Service pension scheme criteria for ill-health retirement for classic plus, premium, and nuvos?

It varies depending on which scheme you are in. The HMRC criteria for severe ill health are similar to those used for upper tier in **classic plus**, **premium** and **nuvos**. The HMRC assessment needs to be up to State Pension age, whereas the upper tier assessments are to the specific Civil Service scheme pension ages. Where you meet the criteria for upper tier ill-health retirement, we would expect there to be very little, if any, additional information required for the Scheme Medical Advisor to complete the extra assessment.

If you are assessed as meeting the lower tier, but not the upper tier criteria, in **classic plus**, **premium**, and **nuvos** then you will not meet the HMRC severe ill-health criteria. In these circumstances, you are less likely to receive an enhancement to your pension benefits that would mean you exceed the Annual Allowance. Please see the ill health booklets on the Civil Service Pension website [www.civilservicepensionscheme.org.uk](http://www.civilservicepensionscheme.org.uk) under Publications for information about upper and lower tier criteria.

### How does this differ from the Civil Service pension scheme criteria for ill-health retirement for classic?

The ill-health retirement criteria in **classic** are that the person concerned is prevented by ill health from discharging their duties and that the ill health is likely to be permanent (in this case permanent means up to scheme pension age, which for most people is age 60).

The **classic** ill health retirement assessment only considers whether a person cannot do their own job, rather than any gainful employment. It is possible that the additional HMRC severe ill-health assessment could take longer to complete than just the **classic** ill health retirement assessment.

There is a greater chance that someone in **classic** may meet the scheme criteria (and receive an enhancement), but may not meet the HMRC severe ill health criteria, and therefore not be exempt from the Annual Allowance tax charge.

### Will I be able to be assessed against the HMRC severe ill-health criteria?

The Scheme Medical Advisor will carry out the additional assessment at the same time as the assessment for ill-health retirement. This requires you to complete the relevant section of the consent form

### Will I be able to appeal against the Scheme Medical Advisor's decision if I am assessed as not meeting the HMRC severe ill health criteria?

We are not providing an appeal facility. Our understanding is that you could pursue this privately, at your own cost, with any registered medical practitioner.

**Where can I find out more about the Annual Allowance?**

The HMRC website provides all the guidance you should need, and the following is a link to the main HMRC page - [www.hmrc.gov.uk](http://www.hmrc.gov.uk)

The following link will take you to the specific guidance on the Annual Allowance - <https://www.gov.uk/tax-on-your-private-pension/annual-allowance>

***MyCSP may not provide financial, investment or other professional advice to members. Nothing on this communication should be interpreted as constituting financial advice. You should obtain independent advice on any specific issues concerning you.***

## Appendix I

### Application for an ill health retirement assessment – IHR1

The IHR form is an application for an ill health retirement assessment to be carried out by the Civil Service Pension Scheme Medical Adviser (SMA), whose role is to provide a medical assessment of whether or not the scheme ill health retirement criteria are met in order for member to access scheme ill health retirement benefits. The assessment will also cover the HMRC severe ill health criteria which means members will be exempt from any Annual Allowance tax charge that may apply.

#### The IHR form

The IHR form is in two parts. P1 is for the member to complete and sign (as relevant) and P2 is for you to fill in.

IHR – P1 in more detail - This is the part the member completes and signs (as relevant)

**Member's details** – asks the member to confirm their name, contact and other personal details – to verify that those held on your records are accurate and up-to-date and also in case the form should become detached. The member will be asked to confirm what they are making the application for (ill health retirement assessment or a severe ill-health retirement assessment)

It also asks the member to explain in their own words what impact their medical condition has on their ability to do their usual job or any other work.

**Medical Consent Form 1** – contains medical consent forms for the member to complete and sign to give permission for the SMA to approach the members doctor or specialist for further information about the members medical condition. The SMA will not be able to complete an assessment if they are not able to review appropriate medical evidence supporting the member's application.

**Medical Consent Form 2** – asks the member to confirm whether or not they consent to the SMA providing a report and also whether they wish to see a copy of the outcome report of their medical assessment from the SMA, for the purposes of correcting any factual errors, before the report is sent to you. The notes and the advice on the form also make it clear what the consequences of withdrawing permission to release the report to you may have on the ill health retirement process.

**Medical Information Consent Form** – are for the member to complete to give permission for their doctor or specialist (or both) to provide relevant information about their condition to the SMA. Completion of a Medical Information Consent Form is required for each medical practitioner the member would be prepared for the SMA to contact.

**Optional Form and Notes - for the member's doctor or specialist** – provides details of the kind of information the member's doctor or specialist would need to give about their condition if they decided to obtain a report from them themselves to support their application for an ill health retirement assessment.

**Please note:** Any current medical evidence (i.e. typically within 3 months old), the member can provide to support their application, such as a report from their doctor or specialist, may enable the Scheme Medical Adviser to complete their assessment more quickly.

**IHR – P2 in more detail - This is the part you complete and sign (as relevant)**

**Your details** - This is the part you complete and sign. It asks for confirmation of relevant employer and member details (as you have on record) to enable the SMA to process the application, as well as invoicing information so that appropriate fees can be charged for services provided under the contract. The current fees can be found on an Employer Pension Notice on the civil service website.

**Your Employees details** - It also asks for confirmation of the job title, whether the member has a life expectancy of less than 12 months and whether the application is for a retrospective IHR application. It is important that you provide this information correctly. If the application relates to a retrospective IHR application, the SMA will not consider the application unless the necessary authorisation from The Scheme Manager, Cabinet Office is provided.

It also asks for confirmation of which scheme the member is in and it is important that you provide this information correctly as it tells the Scheme Medical Adviser which scheme criteria the ill health retirement application will need to be assessed against.

There is also a requirement to check that the member meets other qualifying conditions for IHR such as length of service and age before an application is made. The table in Appendix B of the 'Ill Health Retirement – Procedural Guidance for Employers') gives a breakdown of qualifying service and eligibility conditions that a member of a particular scheme would need to meet to be considered for IHR. This guidance is available on the website, [www.civilservicepensionscheme.org.uk](http://www.civilservicepensionscheme.org.uk) under 'Employers' – 'Scheme Medical Adviser'.

You are required to confirm whether the member will breach the annual allowance after you have received this confirmation from MyCSP, if the member does not breach the annual allowance, the SMA will not assess the member using the HMRC criteria.

The form also asks you to give occupational information relevant to the member's application:

- Details of consideration given to job modifications and redeployment – (if redeployment has not been considered your employer should do this before submitting an application for ill health retirement);
  - Full job description – this should include any information about the level of responsibility in the job (i.e. management level or seniority in hierarchy) and the type of work and activities involved in the job;
- Confirmation that the member is currently attending work
- Confirmation whether the member is providing regular and efficient service
- Sickness absences during last 5 years.
- Confirmation that you have included all the relevant documents listed (list provided)

- It is vital to ensure that when you send the application form to the SMA it is complete, contains as much relevant information as possible and includes all the relevant paperwork.
- You must make sure that both parts of the IHR form and reports provided separately by your Occupational Health Provider are sent to HML at the same time.
- If the application form is not complete or required documents are missing and cannot be easily and quickly obtained, it will be returned and a fee charged. This may also result in a delay in the Scheme Medical adviser making a recommendation.
- If you need advice about what information to send, please contact HML on 01273 815247