

Civil Service Pension Scheme

Notes for the member and employer

Med 9 Complaints Procedure Form

This form is to be used to complain about the service the Scheme Medical Adviser (SMA), Health Assured Ltd (HA) provides in their role as medical adviser to the Civil Service pension and Civil Service Injury Benefit Scheme arrangements.

It should not be used if you wish to complain about the outcome of referrals relating to:

- Early payment of preserved award on health grounds
- Injury benefit
- Ill health retirement

If employers or MyCSP wish to complain about HA service they should provide details of the case in section one of the form.

If you are complaining as a member of the scheme you need to pass this form to your employer. They will send the form to HA who will investigate your complaint.

Section 1 - To be completed by member

Section 2 - To be completed by employer

Employers should send the completed form to

Administration Team
Health Assured Ltd
PO Box 10426,
Wheatfield Way,
Hinckley,
LE10 9FL

Email: ihr@healthassured.co.uk

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.

See the '*Ill Health Retirement – Procedural Guidance for Employers*' for details of how to escalate a complaint if the member or employer is dissatisfied with the response from the SMA. This guidance is available on the website, www.civilservicepensionscheme.org.uk under 'Employers' – 'Scheme Medical Adviser'.

Section 1 – Member to complete

(Employers or MyCSP making a complaint on an individual's case should complete this section with details of the individual).

Part One - Personal Details			
Surname			
Forenames			
Employer/Department			
Address of Employer			
Payroll/Staff Number			
Home address			
Email address		Contact Number	
Which Pension Scheme do you belong to? Please Tick			
Classic <input type="checkbox"/>	Classic Plus <input type="checkbox"/>	Premium <input type="checkbox"/>	Nuvos <input type="checkbox"/> Partnership <input type="checkbox"/>
Part Two - Details of complaint			
Why was your case referred to Health Assured Ltd? (Please tick box)			
Ill Health Retirement	<input type="checkbox"/>	Injury Benefit	<input type="checkbox"/>
Early Payment of Preserved Pension	<input type="checkbox"/>		<input type="checkbox"/>
Please give a brief summary of your complaint:			

Part Three – Please list specific complaint issues you would like Health Assured Ltd to deal with-

Part Four – Desired outcome (what do you want Health Assured Ltd to do?)

Part Five - Declaration

Signature... ..

Date... ..

Please send this form to your Employer, Departmental HR Team, or MyCSP

Section 2 – Employer (or MyCSP) only to complete

Part One – Please provide any information relevant to this complaint

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Part Two – Employing Department details
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Signature	Address					
Name	Email address					
Date	Contact Number					
Purchase Order Number						
Location Code						
<p>It is essential that you enter your employer location code (as allocated by Health Assured Ltd). If you have not used this service before and do not know the location code, please telephone Health Assured Ltd on 0845 601 1994. For the purposes of this referral the code is needed for identification purposes only. No charge will be made.</p>						

Forward this complaint to:

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