

Civil Service Injury Benefit Scheme

Application for injury benefit assessment

Part 1 – Member to complete

Capita Health & Wellbeing are medical advisers to the Civil Service Pension and Injury Benefit Scheme. They are being asked to give advice on the medical aspects of your injury case. Please complete this form as fully as you can, including signatures where required and return the form to your employer as soon as possible.

Your Details		
Your name	Title	
	Surname	
	Forename(s)	
Your date of birth		
Home address (including post code)		

Daytime telephone number	
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Alternative telephone number	
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The Scheme Medical Adviser (Capita Health & Wellbeing) may need to examine you in order to do their assessment. They will telephone you to arrange an appointment if they want you to attend a medical consultation.	
If Capita Health & Wellbeing want you to attend a medical consultation and you have any specific mobility, hearing or visual needs that you think they should know about in relation to this, please provide details.	
Please note: If you turn down or fail to attend an appointment on two occasions, the Scheme Medical Adviser will provide an assessment on the basis of the information available to them.	

Medical Consent Form 1

Consent for Capita Health & Wellbeing 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.

Capita Health & Wellbeing 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 2** which explains what happens to the report that Capita Health & Wellbeing produce after they have completed their assessment.

If you give your consent you have the right to see information about your medical condition before it is supplied to Capita Health & Wellbeing. You will have 21 days from the date of Capita Health & Wellbeing'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 Capita Health & Wellbeing.

If you consent to Capita Health & Wellbeing seeking further information about your medical condition, please put ' X ' in the box and sign and date below to confirm your decision.		<input type="checkbox"/>	
		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 Capita Health & Wellbeing? Please put ' X ' in the relevant box.	YES:	<input type="checkbox"/>
	NO:	<input type="checkbox"/>

If you have given consent for Capita Health & Wellbeing to contact your doctor or specialist you **must complete a separate Medical Information Consent Form** for **each** medical practitioner you would be prepared for Capita Health & Wellbeing to contact. The Medical Information Consent Forms (lettered 'a', 'b' and 'c'), can be found at the end of this CSIBS1 – P1 form.

Medical Consent Form 2

Release of the Scheme Medical Adviser’s medical assessment report

Once the Scheme Medical Adviser, Capita Health & Wellbeing has completed their assessment they will produce a report on the medical aspects of your case. It will include any information about your health that the Scheme Medical Adviser, in their absolute discretion, regard as being of material relevance to your application.

MyCSP is responsible for making decisions about injury benefit applications. However, they will need advice from the Scheme Medical Adviser about the level of earnings impairment and level of apportionment for injuries sustained. See the brief guide on the ‘Injury benefit scheme’ for more information: www.civilservice.gov.uk/pensions under publications.

I agree that Capita Health & Wellbeing may retain any information submitted as part of this application and any information collected by them as part of their consideration of this application.

I agree that Capita Health & Wellbeing 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 Capita Health & Wellbeing that I am withdrawing my consent.

If you agree to Capita Health & Wellbeing retaining and using information in this way, please put ‘X’ in the box and sign and date below to confirm your decision.

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

You will automatically be sent a copy of the report at the same time as it is sent to your employer or MyCSP, but you can ask not to be sent a copy if you do not want to see it.

You can also ask to see a copy of the report before it is sent to your employer or MyCSP.

If you do not want to see a copy of the report at all please put “X” in the box.	NO:	<input type="checkbox"/>
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If you wish to receive a copy of the report before it is sent to your employer or MyCSP, please put “X” in the box.	YES: <input type="checkbox"/>
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If there is no “X” in either box above then you will automatically be sent a copy of the report at the same time as it is sent to your employer or MyCSP (if you have consented).

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

- ask the Scheme Medical Adviser to correct any factual errors in the report;
- withdraw consent for the report to be sent to your employer or MyCSP.

You will only be given one opportunity to ask for factual errors to be corrected.

If you have asked for the report to be amended, the Scheme Medical Adviser can no longer send any report to your employer or MyCSP without your renewed consent to do so. **You must therefore, contact them within 5 working days of the date on the corrected report (or the letter telling you that the 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 MyCSP, or not.** If they do not hear from you within this timescale they will tell your employer or MyCSP that they do not have your consent to release the report and that they are therefore unable to provide any advice.

Important Notes:

It is unlikely to be in your best interests to refuse or withdraw consent for the Scheme Medical Adviser to send their report to your employer or MyCSP, because without a report:

- MyCSP will not be able to make an informed decision about your injury benefit application.
- you will not be able to appeal against the Scheme Medical Adviser’s assessment.
- you will not be able to request a review (informal appeal) against MyCSP or the employer decision not deeming an injury as a qualifying injury

Please consult the ‘*Medical reviews and appeals guide*’ for more advice about actions you can take if you disagree with the assessment. The guide can be found on the Civil Service website: www.civilservice.gov.uk/pensions in the employer section under Scheme Medical Adviser.

Medical Information Consent Form (a)

Who are you giving consent for Capita Health & Wellbeing to approach for further information about your medical condition? Please put an 'X' in one of the boxes below, as appropriate.

General Practitioner (GP): **Hospital Specialist:** **Consultant:**

Please give their details below, as required.

Name	
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Specialism (if this is your hospital specialist or consultant)	
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i You do not have to reveal details of your own medical condition here but if Capita Health & Wellbeing contact a doctor it is helpful for them to have detail of the general area of medical speciality 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 Capita Health & Wellbeing. I also confirm that:

I understand my employer or MyCSP is asking Capita Health & Wellbeing to give advice on the medical aspects of my injury case.

I also understand that should I wish to receive a copy of any information supplied to Capita Health & Wellbeing 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 1 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 Capita Health & Wellbeing 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	
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Medical Information Consent Form (b)

Who are you giving consent for Capita Health & Wellbeing to approach for further information about your medical condition? Please put an 'X' in one of the boxes below, as appropriate.

General Practitioner (GP): **Hospital Specialist:** **Consultant:**

Please give their details below, as required.

Name	
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Specialism (if this is your hospital specialist or consultant)	
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i You do not have to reveal details of your own medical condition here but if Capita Health & Wellbeing contact a doctor it is helpful for them to have detail of the general area of medical speciality 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 Capita Health & Wellbeing. I also confirm that:

I understand my employer or MyCSP is asking Capita Health & Wellbeing to give advice on the medical aspects of my injury case.

I also understand that should I wish to receive a copy of any information supplied to Capita Health & Wellbeing 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 1 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 Capita Health & Wellbeing 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	
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CAPITA

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CSIB1 – P1

PROTECT – STAFF

Medical Information Consent Form (c)

Who are you giving consent for Capita Health & Wellbeing to approach for further information about your medical condition? Please put an '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)	
<p>(i) You do not have to reveal details of your own medical condition here but if Capita Health & Wellbeing contact a doctor it is helpful for them to have detail of the general area of medical speciality or hospital department.</p>	

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 Capita Health & Wellbeing. I also confirm that:

I understand my employer or MyCSP is asking Capita Health & Wellbeing to give advice on the medical aspects of my injury case.

I also understand that should I wish to receive a copy of any information supplied to Capita Health & Wellbeing 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 1 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 Capita Health & Wellbeing 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	
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Civil Service Injury Benefit Scheme

Notes for the employer or MyCSP

Application for injury benefit assessment

Injury benefit is a benefit payable to employees who have been injured while on duty. It is paid to bring their income up to a guaranteed level. It may also be paid to any dependents should an employee die as a result of their duties. The Civil Service Injury Benefits Scheme (CSIBS) rules set out who can receive benefits and the level of the guaranteed income. The rules also define what a qualifying injury is.

For further information refer to:

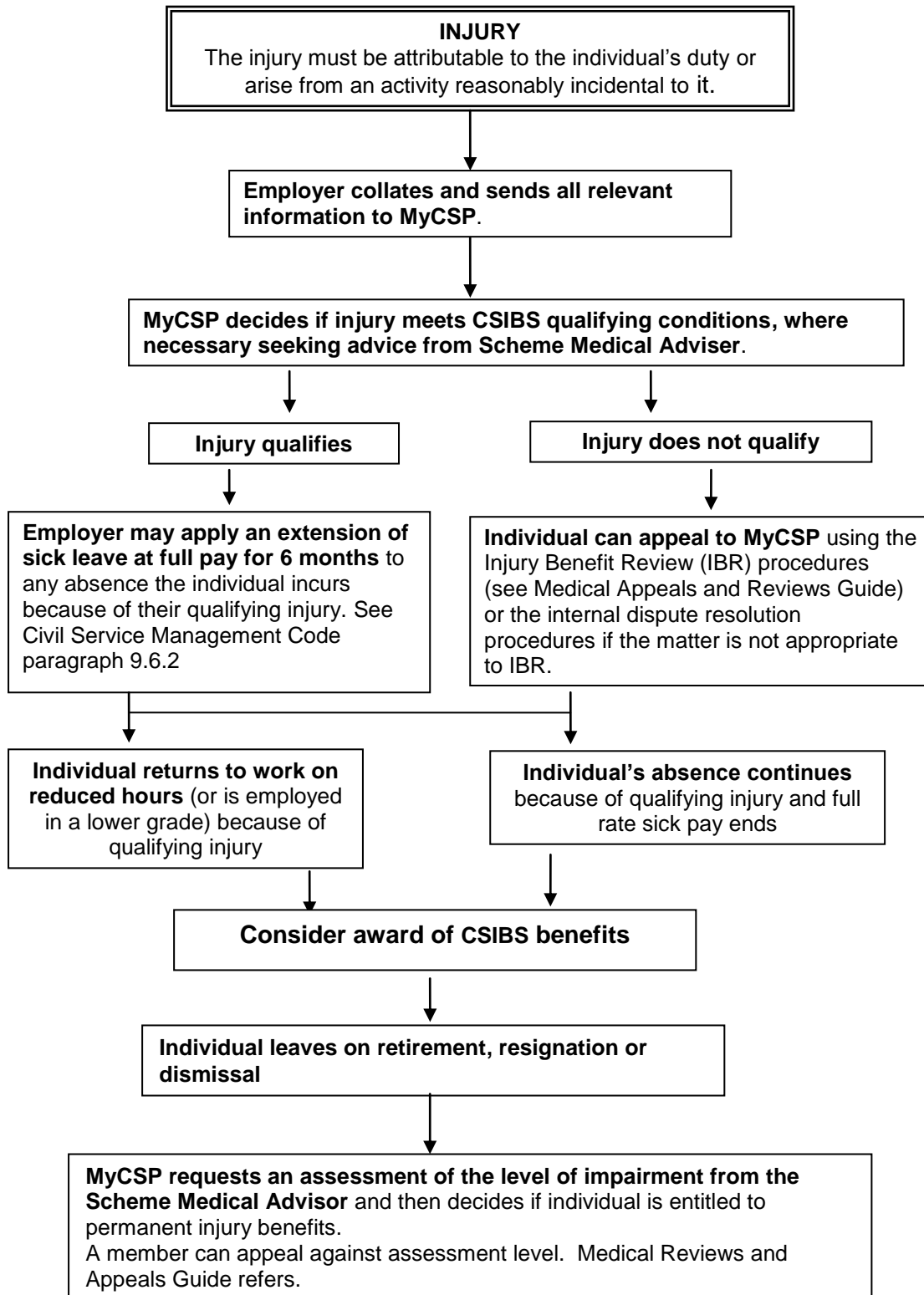
- Scheme rules:
 - Civil Service Injury Benefits Scheme
- Booklet for members:
 - Injury benefit scheme – A brief guide
- Guidance
 - Pensions Manual – Member’s benefits section 5
 - Employer’s pension guide section 5
 - Civil Service Management Code

These are all available on the Civil Service website:

www.civilservice.gov.uk/pensions

The following chart outlines the process.

CIVIL SERVICE INJURY BENEFIT SCHEME (CSIBS) PROCESS



Civil Service Injury Benefit Scheme

Application for injury benefit assessment

P 2 – Employer to complete

Your Details	
Name of employer	

Name of person placing order	
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Address (including post code)	
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Telephone number	
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Fax number	
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e-mail address	
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Employer Location Code							
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It is essential that you enter your employer location code (as allocated by Capita Health & Wellbeing) so that they can send your invoice to the right place. If you have not used this service before and require a location code, please telephone Capita Health & Wellbeing on 0845 601 1994.

Purchase Order Number	
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If you do not operate a purchase order system, please provide a unique identifier (for example your cost centre or referring manager's name).

Identifier	
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Your Employee's Details			
Name of employee	Title		
	Surname		
	Forename(s)		
Male / Female (delete as appropriate)	Date of birth		
Job title		Grade	
Contracted hours	Employee / Staff number (optional)		
Home address (including post code)			
Daytime telephone number			
Alternative telephone number			
Normal retirement age			
For permanent awards only: Last day of service			
Date of injury or date disease contracted			
Nature of injury or disease			

Advice needed	Please tick at least one box and make sure that you tick all the boxes that apply.	Please tick <input checked="" type="checkbox"/>		
Whether there has been a qualifying injury				
Whether there is a causal link between the injury and the absence(s) from work between:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%;">First day</td> <td style="width: 50%;">Last day</td> </tr> </table>	First day	Last day	
First day	Last day			
Please Note: You must include a full list detailing multiple absences (refer to document list page)				
Whether there is a casual link between the injury and change of grade or hours				
Please Note: You must include details of change to terms of employment in the job description (refer to document list page)				
The level of apportionment (permanent awards)				
The level of impairment (permanent awards)				

I understand that the Scheme Medical Adviser provides advice to decision makers. They are not the awarding authority for injury benefit awards *(See note)

I understand that it is for the applicant to make a reasonable case for an injury benefit award.

I understand that the Scheme Medical Adviser may need to examine this officer and/or obtain medical reports and they will charge for this.

I have completed all the sections in this form and enclose the information required.

The employer requests that Capita Health Solutions shall provide medical advice services in accordance with the terms of this order form.

The employer agrees to make payment to Capita Health Solutions for the provision of the medical advice services within 10 days of receipt of a valid invoice by the employer.

Signed for and on behalf of the employer

Signature		Date	
Name		Position	

***Please Note:** For more information please refer to Section 2 of the Employers' Pension Guide which describes the respective roles and responsibilities of employers and MyCSP in dealing with Injury Benefit

- ① 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.
 Do not send any personal files or other documents to Capita Health & Wellbeing. If we have to return the papers because items are missing or incomplete, we will identify the deficiencies so that you can correct the matter and resubmit the papers. We will make a charge for this each time we return an incomplete referral.

Please confirm that you have attached documents 1-11 with this application form. Please put X against those that apply.		
1	Relevant accident reports and/or accident book entries. If no entry exists please say so and ensure that the date of the injury is clearly stated	
2	Personal statement from applicant describing reasons for injury	
3	Statement from employer accepting or disputing the applicant's statement. This should explain the reasons for disputing any element of the personal statement and also details of any disciplinary/grievance procedure (and outcome)	
4	Any witness statements (obtained by either or applicant)	
5	Job description	
6	Sickness absence details. Clearly identify the date the absence relevant to the injury started	
7	Copies of any Capita Health & Wellbeing (as scheme medical advisor) correspondence relating to the case (or any earlier referral if relevant to the current case)	
8	Medical in confidence envelope and any additional original medical evidence relating to injury	
Permanent awards:		
9	Annual rate of basic pay on the date of injury including any regular pensionable allowances paid by the PCS/PS employer. For those working part time through choice (i.e. <i>not</i> for medical reasons) use the full time equivalent rate.	
10	Education/past history	
Medical Consent		
11	You must also enclose the medical consent form signed by the scheme member within the last 3 months	
If exceptionally you cannot provide any of the documents please explain why not		

When you have collected together all of the information asked for, you should send it to the Scheme Medical Adviser (Capita Health & Wellbeing).	Capita Health & Wellbeing Wheatfield Way, Hinckley Fields Estate Hinckley, LE10 1YG Tel: 0845 601 1994
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