

## Civil Service Pension Scheme

### Notes for the former scheme member

## Application for an early payment of preserved pension medical assessment – EPPA1 (classic only)

The **EPPA1** form is an application for a medical assessment to be carried out by the Civil Service Pension Scheme Medical Adviser, Capita Health & Wellbeing. By completing and submitting the **EPPA1 – P1** form, you are asking Capita Health & Wellbeing to consider whether or not you satisfy the scheme medical criteria for early payment of your preserved pension. Only members with a preserved pension in **classic** can apply for EPPA.

You should consult the '*Ill Health Retirement – Guide for Members*' for advice about the eligibility criteria and procedure for applying for early payment of your preserved pension from your Civil Service Pension scheme. 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.civilservice.gov.uk/pensions/publications](http://www.civilservice.gov.uk/pensions/publications).

In order for the Scheme Medical Adviser to consider your application you will need to fully complete the required information on the EPPA1 – P1 form including signatures where requested.

If you have specific queries please contact your former employer or MyCSP directly.

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## Civil Service Pension Scheme

### Application for an ill health retirement assessment for EPPA1 (classic 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)		
Daytime telephone number		
Alternative telephone number		

Name of former Civil Service employer	
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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.	
<b>Please note:</b> 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 former job.

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

Why do you believe that you would not be able to return to your former before your scheme pension age?

## 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 <b>consent</b> to Capita Health & Wellbeing seeking further information about your medical condition, please put ' <b>X</b> ' in the box and <b>sign</b> and <b>date</b> below to confirm your decision.	<input type="checkbox"/> <b>I consent</b>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"><b>Signature</b></td> <td style="width: 40%;"></td> </tr> </table>	<b>Signature</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"><b>Date</b></td> <td style="width: 40%;"></td> </tr> </table>	<b>Date</b>	
<b>Signature</b>					
<b>Date</b>					

If you have agreed to give consent above you must now answer this question.	<b>YES:</b> <input type="checkbox"/>
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 ' <b>X</b> ' in the relevant box.	<b>NO:</b> <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 EPPA1 - 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 for your former employer (or MyCSP if they are processing your application). The report will confirm whether or not you have a qualifying medical reason for early payment of your preserved pension. 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.

**You cannot be offered early payment of your preserved pension without a report and certificate from the Scheme Medical Adviser confirming that you have a qualifying medical reason for ill health retirement.**

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

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

If you do not want to see a copy of the report at all please put “ <b>X</b> ” in the box.	<b>NO:</b>	<input type="checkbox"/>
If you wish to receive a copy of the report before it is sent to your former employer (or MyCSP), please put “ <b>X</b> ” in the box.	<b>YES:</b>	<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 former employer (or MyCSP), if you have consented.

If you ask to see the report before it is released to your former 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 former 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 former 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 former employer (or MyCSP) or not.** If they do not hear from you within this timescale they will tell your former 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 former employer (or MyCSP), because without a report and certificate:**

- it will be taken that you have stopped the early payment of preserved pension process;
- you cannot be offered early payment of your preserved pension;
- you will not be able to appeal against the Scheme Medical Adviser’s assessment.

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 Capita Health &amp; 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.</p> <p>I agree that Capita Health &amp; 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 &amp; Wellbeing that I am withdrawing my consent.</p> <p>If you <b>agree</b> to Capita Health &amp; Wellbeing retaining and using information in this way, please put ‘<b>X</b>’ in the box and <b>sign</b> and <b>date</b> below to confirm your decision.</p>	<input type="checkbox"/> <b>I agree</b>		
<p><b>Signature</b></p>		<p><b>Date</b></p>	

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<b>Medical Information Consent Form (a)</b>
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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.

<b>General Practitioner (GP):</b> <input type="checkbox"/>	<b>Hospital Specialist:</b> <input type="checkbox"/>	<b>Consultant:</b> <input type="checkbox"/>
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Please give their details below, as required.

<b>Name</b>	
<b>Specialism</b> (if this is your hospital specialist or consultant)	
<p><b>ⓘ You do not have to reveal details of your own medical condition here but if Capita Health &amp; Wellbeing contact a doctor it is helpful for them to have detail of the general area of medical speciality or hospital department.</b></p>	

<b>Address</b> (including post code)	
<b>Telephone number</b>	

<b>Declaration</b>
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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 former employer is asking Capita Health & Wellbeing to consider whether or not I satisfy the criteria for early payment of my preserved pension. They may also consider whether or not I satisfy the criteria for HMRC severe ill health, in relation to the Annual Allowance.

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 former employer (or MyCSP), 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.

<b>Signature</b>		<b>Date</b>	
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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.

<b>Name</b>	
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<b>Specialism</b> (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.**

<b>Address</b> (including post code)	
<b>Telephone number</b>	

### 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 former employer is asking Capita Health & Wellbeing to consider whether or not I satisfy the criteria for early payment of my preserved pension. They may also consider whether or not I satisfy the criteria for HMRC severe ill health, in relation to the Annual Allowance.

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 former employer (or MyCSP), 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.

<b>Signature</b>		<b>Date</b>	
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## 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.

<b>Name</b>	
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<b>Specialism</b> (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.**

<b>Address</b> (including post code)	
<b>Telephone number</b>	

### 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 former employer is asking Capita Health & Wellbeing to consider whether or not I satisfy the criteria for early payment of my preserved pension. They may also consider whether or not I satisfy the criteria for HMRC severe ill health, in relation to the Annual Allowance.

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 former employer (or MyCSP), 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.

<b>Signature</b>		<b>Date</b>	
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### 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	
<b>i</b> See the notes at the end of the form for further guidance	
<b>1</b>	What is the diagnosis of the main medical condition? <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
<b>2</b>	Please list any secondary conditions <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
<b>3</b>	Please indicate the applicant's current symptoms and clinical findings on examination <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
<b>4</b>	Please detail current and past treatment and response <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
<b>5</b>	What is the long term outlook? <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
<b>6</b>	What is the impact of the illness on the physical and mental functional ability of the applicant? <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
<b>7</b>	Is further treatment envisaged or possible and what is its likely effect? <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
<b>8</b>	Has there been referral for specialist assessment and treatment? <span style="float: right;"><b>YES:</b> <input type="checkbox"/> <b>NO:</b> <input type="checkbox"/></span>

<b>9</b>	Have you received specialist reports on this patient?	<b>YES:</b>	<input type="checkbox"/>
		<b>NO:</b>	<input type="checkbox"/>
<b>10</b>	Copies of specialist correspondence attached?	<b>YES:</b>	<input type="checkbox"/>
		<b>NO:</b>	<input type="checkbox"/>
<b>11</b>	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.

<b>Signature</b>		<b>Date</b>	
<b>Name</b>			
<b>Position and qualifications</b>			

### Notes for the applicant's doctor or specialist

A former member of the **classic** pension scheme may apply to have their pension brought into payment early if their health breaks down. The criteria are that after leaving the Civil Service the person falls ill and had they remained in the Civil Service they would have been retired on grounds of ill health.

It is necessary to demonstrate that the member not only has a medical condition that would render them incapable of their previous duties, but also despite appropriate treatment that the resulting incapacity is likely to be permanent before an application is likely to be supported. In other words both the ill health and the incapacity must be likely to be present until pension age (normally age 60 in **classic**).

When a medical condition is severe enough to warrant Early Payment of Preserved Pension Benefits, 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 early payment of their preserved benefit.

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



## Civil Service Pension Scheme

### Notes for the former employer

## Application for early payment of preserved pension – classic only

It is vital to ensure that when you send this order form to the Scheme Medical Adviser it is complete, contains as much relevant information as possible and includes all the necessary paperwork.

You should consult the '*Ill Health Retirement – Procedural Guidance for Employers*' for advice on the procedures to follow when dealing with ill health retirement and early payment of preserved pension. This guidance is available on the website, [www.civilservice.gov.uk/pensions](http://www.civilservice.gov.uk/pensions) under 'Guidance for employers' – 'Scheme Medical Adviser'. If you need further advice about what to send, please contact the Scheme Medical Adviser helpdesk.

If this order form is not complete or required documents are missing it will be returned and a fee charged. This may also result in a delay in the Scheme Medical adviser making a recommendation.

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## Civil Service Pension Scheme

### Application for an ill health retirement assessment for EPPA1 (classic only)

#### P2 – Former employer to complete

<b>Your Details</b>	
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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<b>Your Former Employee's Details</b>	
Name of former employee	Title
	Surname
	Forename(s)
Male / Female (delete as appropriate)	Date of birth
Former Job title	Grade
Employee / Staff number (optional)	
Home address (including post code)	
Daytime telephone number	
Alternative telephone number	
Date employment ended	
Date of application for early payment	
Is this former employee terminally ill with less than 12 months' life expectancy?	

In the above circumstances the EPPA 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.

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

<b>classic</b> – with a scheme pension age of:	AGE	
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There are some civil servants who have a pension age that is different to the scheme pension age.

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

The employer agrees to make payment to Capita Health & Wellbeing for the provision of the medical advice services.

Signed for and on behalf of the employer

Signature		Date	
Name		Position	

## PROTECT – STAFF

**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.

<b>1</b>	Please give a job description for this former employee's last civil service employment.	
Please confirm that you have attached documents A, B (if available), C and/or D (if applicable) with this application form. Please put <b>X</b> against those that apply.		
<b>A</b>	EPPA1 - P1 – completed by the former employee	<input type="checkbox"/>
<b>B</b>	Full Occupational Health Records, if available	<input type="checkbox"/>
<b>C</b>	Copies of any previous correspondence on this case from the Scheme Medical Adviser, if applicable	<input type="checkbox"/>
<b>D</b>	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		

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