

## Med 1/07 – Application for medical advice – ill health retirement

This form has two parts. Part 1 is an application for medical advice from Capita Health Solutions which the employer completes. Part 2 is for the scheme member, asking their consent to release personal medical information

### Part 1 – Application for advice

(Pages 1 to 4 to be completed by the employer)

If you need help to get the referral right you should refer to:

- The Medical Guidance Notes (which can be found on the CSP website at [www.civilservice-pensions.gov.uk](http://www.civilservice-pensions.gov.uk))

If you need more help you can email us at [pcspcs.chs@capita.co.uk](mailto:pcspcs.chs@capita.co.uk) or ring the Capita Health Solutions helpdesk on 02476 500 700.

1. Please provide information about you (the employer) so that we can contact you when necessary and send an invoice for our services

Name of department /agency/NDPB	
Name of referrer/contact	
Address	
Telephone number	
e-mail address	
Fax number	

Location code* (mandatory)						
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\* This is the location code that Capita Health Solutions have allocated to your office for charging purposes. If you do not have a location code, please telephone the helpdesk.

Purchase order number (optional)	
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2. Please provide information about the member (your employee)

Surname			
Forenames			
Date of birth	/ /	Payroll number	
Home address			
Daytime telephone number			
Mobile telephone number			
Male / Female (delete as appropriate)		Industrial / Non industrial (delete as appropriate)	
Weekly contracted hours		Normal retirement age	
Date from which Pension Scheme Service reckons			
Special needs  Please provide details of any aids or adjustments (eg mobility, visual or hearing issues) that we need to make in our dealings with the scheme member			

3. Please tick the relevant box to show which pension scheme the member belongs to. It is important that you tell us which scheme the member is in, to prevent us giving you incorrect or incomplete advice.

Scheme	
Classic	✓
Classic Plus	
Premium	
Partnership	

4. When you are making an application for **ill health retirement advice** you must submit a file containing the documents in the list below. Each document must be flagged as shown below. You must not send any personal or other files to Capita Health Solutions. We will not consider any information that is not flagged.

If, in exceptional circumstances, you cannot provide any of the documents you must explain why.

We cannot provide the advice you need unless the forms are fully completed **and** all the documents (shown in the checklists in the supplementary forms) are supplied. If we have to return the papers because items are missing or forms are incomplete, we will identify the deficiencies and return the papers to you so that you can correct the matter and resubmit the papers. We will make a charge each time we have to return an incomplete referral.

Flag	Documents required	Enclosed ✓
1.	Details of consideration given to job modifications and redeployment – (if redeployment has not been considered you should do this before submitting an application for ill health retirement).	
2.	Full occupational health records. This includes reports to management from your occupational health provider, the clinical notes (including notes of any consultations) upon which such reports are based, and any reports from your employee's doctors that your OH provider has obtained. The last two should be contained in a medical in confidence envelope.	
3.	Copies of any Capita Health Solutions' (as scheme medical advisor) correspondence relating to the case.	
4.	If the member joined the Pension Scheme on or after 1 April 1998, include the PCSPS medical entry certificate (Capita Health Solutions' Medical Opinion Form). If the member joined prior to 1 April 1998, include the original health declaration form.	
5.	Job description	
6.	Sickness absence record for last 5 years.	
7.	Performance report and administrative action taken in relation to sickness absence.	

5. Please confirm the following by ticking the relevant box:

	✓
That you have fully considered any adjustments including redeployment that would allow the member to continue their employment. (details attached - flag 1)	
There are no other outstanding employment matters relevant to this application (e.g. disciplinary proceedings or an Employment Tribunal. If there are, please give details below).	

6. Please let us know whether this will be a voluntary or compulsory medical retirement. This is an either/or question. You must not tick both boxes.

	✓
This is an application for voluntary medical retirement	
This is an application for compulsory medical retirement	

7. If this is an application for compulsory medical retirement please confirm the following:

	✓
The member is aware of the application	
The member's service is to be terminated	

I understand that the Scheme Medical Adviser is only advising on qualification for PCSPS benefits.

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.

Please send this application to: Capita Health Solutions  
Greyfriars  
10 Queen Victoria Road  
Coventry  
CV1 3PJ

Signed.....  
On behalf of Dept/Agency/NDPD

Date.....

**Part 2– Medical Consent Form**

(Pages 6 and 7 to be completed by the scheme member)

**Consent to release personal medical information in connection with an application for medical advice from Capita Health Solutions, the medical advisers to the Civil Service Pension and Compensation Arrangements**

Please read this section which gives information about your rights in relation to your medical records

**Under the terms of the Access to Medical Records Act 1988 –**

You have the right to withhold your consent for Capita Health Solutions to apply to your family doctor or hospital specialist for medical information.

If you give your consent, you have the right to see information about your medical condition before it is supplied to Capita Health Solutions. You will have 21 days from the date of Capita Health Solutions letter notifying you that a medical report has been requested to ask your family doctor or hospital specialist to let you see the report.

If you regard any information in the medical report as incorrect or misleading, you can ask in writing for it to be amended (*please note*: if your family doctor or hospital specialist does not accept that the information is incorrect or misleading they are not required to make the amendment; but in these cases your family doctor or hospital specialist will invite you to prepare a written statement on the disputed information when it is sent to Capita Health Solutions).

Subject to the provisions of the Act you have a right to see information about your medical condition for up to six months after it has been sent to Capita Health Solutions.

If your family doctor or hospital specialist gives you a copy of the medical report at your request they may charge you a fee to cover the cost of its supply.

1. Your employer is asking for pension scheme medical advice. Please complete the form and read the declaration before signing below

Surname	
Forenames	
Date of birth	
Home address	

2. Do you wish to exercise your rights to see the information supplied to Capita Health Solutions?

Under the terms of the Access to Medical Records Act 1988 (see page 5 of this form) do you intend to ask your family doctor or hospital specialist /private consultant to let you see the information supplied to Capita Health Solutions?

	✓
Yes	
No	

3. To provide medical advice, we may need to contact your family doctor and if appropriate your hospital specialist/private consultant. Therefore we need to know their full name and address. Please complete the boxes overleaf if you have more than one specialist treating you.

Family Doctor	Hospital specialist/private consultant (1)
Name	Name
Address	Address
Telephone number	Telephone number
Fax number	Fax number
e-mail address	e-mail address

Hospital specialist/private consultant (2)	Hospital specialist/private consultant (3)
Name	Name
Address	Address
Telephone number	Telephone number
Fax number	Fax number
e-mail address	e-mail address

5. Declaration

1. By signing below , I agree to my family doctor or hospital specialist/private consultant giving information about my medical condition to Capita Health Solutions.
2. I understand the reason why my employer is making this referral to Capita Health Solutions (the medical advisers to the Civil Service Pension and Compensation Arrangements)
3. I understand that this information is medical in confidence and that any advice given to my employer about my health relating to my work will be in general terms only and handled in the strictest confidence.
4. I also understand that should I wish to receive a copy of any information supplied to Capita Health Solutions by my family doctor or hospital specialist/private consultant, I may have to pay a fee for any report that is supplied to me.
5. I have seen and read the note in page 5 paragraph 1 above which provides information about my rights in relation to my medical records.
6. I understand that Capita Health Solutions may need to examine me in order to provide advice. If I turn down or fail to attend an appointment on two occasions, Capita Health Solutions will provide advice on the basis of the information available to them.

Signature	Date
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