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

Notes for the former scheme member

The **EPPA1** form is an application for a medical assessment to be carried out by the Civil Service Pension Scheme Medical Adviser. By completing and submitting the **EPPA1 – P1** form, you are asking the Scheme Medical Adviser 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.civilservicepensionscheme.org.uk

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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Part 1 – Member to complete

You should refer to the *'Ill Health Retirement – Guide for Members'*, when filling this in.

Your details

Title	<input type="text"/>	
Surname	<input type="text"/>	
Forename(s)	<input type="text"/>	
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Home address (including postcode)	<input type="text"/> <input type="text"/>	
Telephone numbers	<input type="text"/>	Daytime
	<input type="text"/>	Alternative
Name of former Civil Service employer	<input type="text"/>	

The Scheme Medical Adviser 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 the Scheme Medical Adviser may 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.

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

I consent and understand that information in my occupational health records and any information obtained in relation to my application for early payment of my pension on ill health grounds can be used for the purpose of assessment against the Civil Service ill health retirement early payment criteria.

I also consent and understand that the Occupational Health provider retained by my employer may see my referral for the purpose of providing the aforementioned occupational health records or any such Medical In Confidence material that may be relevant to my case.

Signature	<input type="text"/>
Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Medical Consent Form 2

Consent for the Scheme Medical Adviser 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.

The Scheme Medical Adviser 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 3** which explains what happens to the report that the Scheme Medical Adviser 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 the Scheme Medical Adviser. You will have 21 days from the date of the Scheme Medical Adviser'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 the Scheme Medical Adviser.

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.

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 the Scheme Medical Adviser ? Please put 'X' in the relevant box.

No

Yes

If you have given consent for the Scheme Medical Adviser to contact your doctor or specialist you **must complete a separate Medical Information Consent Form** for **each** medical practitioner you would be prepared for the Scheme Medical Adviser to contact. The Medical Information Consent Forms (lettered 'a', 'b' and 'c'), can be found at the end of this EPPAI - PI form.

Medical Consent Form 3

Release of the Scheme Medical Adviser’s medical assessment report

Once the Scheme Medical Adviser 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 assessment.

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 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.		I Consent <input type="checkbox"/>
Signature	<input type="text"/>	
Date	<input type="text"/> - <input type="text"/> - <input type="text"/>	

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 ‘X’ in the box.	No <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 ‘X’ in the box.	Yes <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.

I agree that the Scheme Medical Adviser 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 the Scheme Medical Adviser 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 the Scheme Medical Adviser that I am withdrawing my consent.

I also consent to my GP/specialist providing medical information to the Scheme Medical Adviser in connection with such an assessment. I further consent to the disclosure of that information by the Scheme Medical Adviser to my employer.

If you **agree** to the Scheme Medical Adviser retaining and using information in this way, please put ‘X’ in the box and **sign and date** below to confirm your decision.

Signature

Date

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Medical Information Consent Form (a)

Who are you giving consent for Scheme Medical Adviser 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	<input type="text"/>
Specialism (if this is your hospital specialist or consultant)	<input type="text"/>



You do not have to reveal details of your own medical condition here but if the Scheme Medical Adviser contacts a doctor it is helpful for them to have detail of the general area of medical speciality or hospital department.

Address (including postcode)	<input type="text"/>
Email address	<input type="text"/>
Telephone number	<input type="text"/>

Declaration

By signing below, I agree that the medical practitioner named above may give information about my medical condition(s) to the Scheme Medical Adviser. I also confirm that:

I understand my former employer is asking the Scheme Medical Adviser 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 the Scheme Medical Adviser 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 2 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 the Scheme Medical Adviser that I am withdrawing my consent. A photocopy or electronic copy of this withdrawal consent will have the same authority as the original.

Signature	<input type="text"/>
Date	<input type="text"/> - <input type="text"/> - <input type="text"/>

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Medical Information Consent Form (b)

Who are you giving consent for Scheme Medical Adviser 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)



You do not have to reveal details of your own medical condition here but if the Scheme Medical Adviser contacts a doctor it is helpful for them to have detail of the general area of medical speciality or hospital department.

Address
(including postcode)

Email address

Telephone number

Declaration

By signing below, I agree that the medical practitioner named above may give information about my medical condition(s) to the Scheme Medical Adviser. I also confirm that:

I understand my former employer is asking the Scheme Medical Adviser 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 the Scheme Medical Adviser 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 2 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 the Scheme Medical Adviser 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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(double-sided printing)

Medical Information Consent Form (c)

Who are you giving consent for Scheme Medical Adviser 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)



You do not have to reveal details of your own medical condition here but if the Scheme Medical Adviser contacts a doctor it is helpful for them to have detail of the general area of medical speciality or hospital department.

Address
(including postcode)

Email address

Telephone number

Declaration

By signing below, I agree that the medical practitioner named above may give information about my medical condition(s) to the Scheme Medical Adviser. I also confirm that:

I understand my former employer is asking the Scheme Medical Adviser 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 the Scheme Medical Adviser 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 2 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 the Scheme Medical Adviser 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

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Optional form and notes – for your doctor or specialist



Members can use this section if they want to ask their doctor or specialist to provide medical detail to support their application.

Members' details

Title	<input type="text"/>
Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of most recent consultation	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Medical information for the member's doctor or specialist to provide



See the notes at the end of the form for further guidance

1. What is the diagnosis of the main medical condition?

2. Please list any secondary conditions

3. Please indicate the applicant's current symptoms and clinical findings on examination

4. Please detail current and past treatment and response

5. What is the long-term outlook?

6. What is the impact of the illness on the physical and mental functional ability of the applicant?

7. Is further treatment envisaged or possible and what is its likely effect?

8. Has there been referral for specialist assessment and treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Have you received specialist reports on this patient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Copies of specialist correspondence attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. 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.

Signature	
Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Position and qualifications	

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.

Application for early payment of preserved pension – classic only

Notes for the former employer

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.civilservicepensionscheme.org.uk under 'Employers' – 'Scheme Medical Adviser'. If you need further advice about what to send, please contact the Employer's Application Helpline number **01273 815247**.

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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Application for early payment of preserved pension – classic only

P2 Former employer to complete

Your details

Name of employer	<input type="text"/>
Name of person placing order	<input type="text"/>
Address (including postcode)	<input type="text"/> <input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
Email address	<input type="text"/>
Employer Location Code	<input type="text"/>

It is essential that you enter your employer location code (as allocated by the Scheme Medical Adviser) 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 contact the Scheme Medical Adviser on **01273 815247**.

Purchase order number	<input type="text"/>
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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	<input type="text"/>
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Your former employee's details

Title	<input type="text"/>
Surname	<input type="text"/>
First name	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Former job title	<input type="text"/>
Grade	<input type="text"/>
Employee/Staff number (optional)	<input type="text"/>
Home address (including postcode)	<input type="text"/> <input type="text"/>
Telephone numbers	<input type="text"/> Daytime <input type="text"/> Alternative
Date employment ended	<input type="text"/> - <input type="text"/> - <input type="text"/>
Date of application for early payment	<input type="text"/> - <input type="text"/> - <input type="text"/>
Is this former employee terminally ill with less than 12 months' life expectancy?	<input type="text"/>

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.



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.

classic – with a scheme pension age of:	Age <input type="text"/>
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There are some civil servants who have a pension age that is different to the scheme pension age.

I confirm that I have verified the identity of the member as signed, therefore consent is granted for the purposes of processing this application and in requesting, receiving and reviewing third party medical reports as deemed necessary by the Scheme Medical Adviser in undertaking their role.

The employer requests that the Scheme Medical Adviser shall provide medical advice services in accordance with the terms of this order form. The employer agrees to make payment to the Scheme Medical Adviser for the provision of the medical advice services.

Signed for and on behalf of the employer

Signature	<input type="text"/>
Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Position	<input type="text"/>



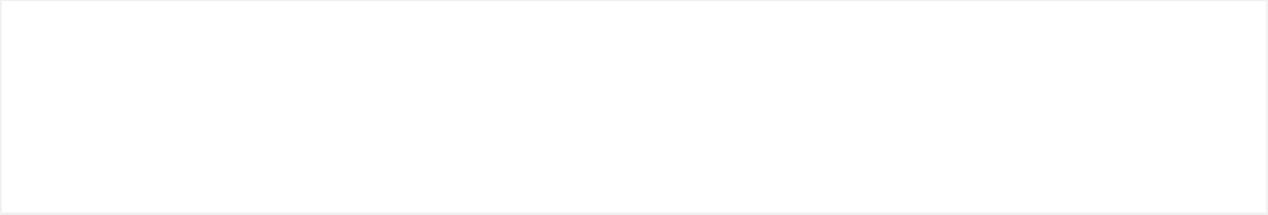
You must supply ALL information listed here. If you supply it in a separate document please label it with the number shown and write 'see attached' in the relevant box.

1. 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 **X** against those that apply.

A EPPA1 - P1 – completed by the former employee	<input type="checkbox"/>
B Full Occupational Health Records, if available	<input type="checkbox"/>
C Copies of any previous correspondence on this case from the Scheme Medical Adviser, if applicable	<input type="checkbox"/>
D 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:



When you have collected together all of the information asked for, you should send it to the Scheme Medical Adviser via the online portal (see HML Guidance) or via the address below.

Health Management Limited, 18c Meridian East, Meridian Business Park, Leicestershire, LE19 1WZ

Email: South.06@healthmanltd.com