

Med 7/07 –Review of medical advice – injury benefit award

This form has two parts. Part 1 asks Capita Health Solutions to review the medical advice that has been given, which the employer completes. Part 2 asks for details of the basis for the review, which the member completes.

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)

If you need more help you can email us at pcspcs.chs@capita.co.uk or ring the Capita Health Solutions helpdesk on 02476 500700.

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) | | | | | | |
|----------------------------|--|--|--|--|--|--|

* 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) | |
|----------------------------------|--|

2. Please provide information about the member (your employee or former 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. When you are submitting an **injury benefit review** you must enclose 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 for this each time we have to return an incomplete referral.

| Flag | Documents required | Enclosed |
|------|---|----------|
| 1. | Any new medical evidence available from a registered medical practitioner. | ✓ |
| 2. | All relevant information relating to the previous consideration of the case whether held by the employer or by their occupational health provider (including the complete sickness absence record and a job description) | |
| 3. | All other paperwork previously submitted by the employer as part of the original application (including Capita Health Solutions' correspondence as scheme medical adviser). | |

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

I understand that the Scheme Medical Adviser may need to examine this officer 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– Injury benefit review
(To be completed by scheme member)

Please complete this section giving information about the basis of your request for a review . To help you with your review your employer should give you a copy of the Medical Guidance Notes.

1. This is a request for a review of my eligibility for injury benefit
2. The reasons for the review are:

Signature

Date