

Med 6/07 –Appeal against medical advice – injury benefit award

This form has two parts. Part 1 asks Capita Health Solutions to consider the appeal against the medical advice that has been given, which the employer completes. Part 2 asks for details of the basis for the appeal, 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 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 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 (e.g. 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 appeal** 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.	The new medical evidence. This must be from a registered medical practitioner. Copies of reports previously considered do not represent new evidence and are not acceptable. Complete reports are needed. Extracts or part reports are not acceptable. If the appellant wishes the medical evidence should be submitted in a sealed envelope for the attention of the medical adviser.	
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 appeal

(To be completed by scheme member)

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

1. I understand that any appeal must be made within 12 months of the date of notification of the initial award decision made by my employer.
2. This is a first / second appeal (*delete as appropriate*)
3. This is an appeal against: (*delete as appropriate*)
 - a. The medically assessed level of apportionment for injuries sustained on or after 1 April 2003.
 - b. The medically assessed level of earnings impairment for injuries sustained on or after 1 April 2003.
4. The grounds for my appeal are:

5. I attach the new medical evidence in support of my appeal.

Signature

Date