



# Appeal against medical advice – injury benefit - CSIBS 2

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## P1 – Member to complete

You should refer to the 'The Medical Reviews and Appeals Guide', when filling this in. Your employer should have given you a copy.

It is also available from [www.civilservicepensionscheme.org.uk](http://www.civilservicepensionscheme.org.uk)

### Your Details

**Your name**

**Title**

**Surname**

**Forename(s)**

**Your date of birth**

**Home address**

**Postcode**

**Daytime telephone number**

**Alternative telephone number**

**The Scheme Medical Adviser (SMA) 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 SMA wants 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 explain why you disagree with the advice on your application and want it to be re-considered.**

The grounds for my appeal (or review which may need a fresh appraisal of medical evidence) are:

**Please list below details of the further medical evidence you are supplying.**

**Your signature**

**Date**

# Medical Consent Form

## Release of the Scheme Medical Adviser's medical assessment report

Once the Scheme Medical Adviser has completed their assessment they will produce a report on the medical aspects of your case. It will include any information about your health that the Scheme Medical Adviser, in their absolute discretion, regards as being of material relevance to your application.

**The scheme is responsible for making decisions about injury benefit applications. However, they need advice from the Scheme Medical Adviser about the level of earnings impairment and level of apportionment for injuries sustained. See the brief guide on the 'Injury benefit scheme' for more information: [www.civilservicepensionscheme.org.uk](http://www.civilservicepensionscheme.org.uk).**

If you **consent** to the Scheme Medical Adviser sending their report to your employer or the scheme, including relevant information about your health please put '**X**' in the box and **sign** and **date** below to confirm your decision.

**I consent**

**Your signature**

**Date**

You will automatically be sent a copy of the report at the same time as it is sent to your employer or the scheme, but you can ask not to be sent a copy if you do not want to see it.

If you do not want to see a copy of the report at all please put '**X**' in the box below.

**No**

If you wish to receive a copy of the report before it is sent to your employer or the scheme, please put "**X**" in the box.

**Yes**

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 employer (if you have consented).

If you ask to see the report before it is released to your employer or the scheme you will have **five 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 employer or the scheme.

You will only be given one opportunity to ask for factual errors to be corrected.

You can also ask to see a copy of the report before it is sent to your employer.

If you have asked for the report to be amended, the Scheme Medical Adviser can no longer send any report to your employer or the scheme without your renewed consent to do so. **You must therefore, contact them within five 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 employer, or the scheme, or not.** If they do not hear from you within this timescale they will tell your employer or the scheme 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 employer or the scheme because without a report:

- The scheme will reject your appeal.
- you will not be able to progress an appeal against the Scheme Medical Adviser's 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 consent and understand that the Occupational Health Provider organisation maintained by my employer may see my referral in the circumstances of providing occupational health records or any such Medical In Confidence material that may be relevant to my case.

If you **agree** please put '**X**' in the box and **sign** and **date** below to confirm your decision.

**I agree**

**Signature**

**Date**



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## P 2 – Employer to complete

### Your details:

**Name of employer**

**Name of person placing order**

**Address**

**Postcode**

**Telephone number**

**Email address**

**Employer Location Code**

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 or email [south.06@healthmanltd.com](mailto:south.06@healthmanltd.com).

### Purchase Order Number

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

## Your Employee's Details

Name of  
employee

Title

Surname

Forename(s)

Date of birth

Male / Female (please tick)

M

F

Job title

Grade

### Appeal

The formal injury benefit appeal process relates to:

- The medically assessed level of apportionment for injuries sustained on or after the relevant date
- The medically assessed level of earnings impairment for injuries sustained on or after 1 April 2003

**Is this a formal injury benefit appeal?**  
(Please tick box if appropriate)



### Review

The injury benefit review allows a member to request a review against MyCSP's decision:

- Not deeming an injury as a qualifying one
- About the level of earnings impairment (for injuries sustained on or before the relevant date)

Refer to the Scheme Medical Adviser when the review request focuses on fresh medical evidence and you require further medical advice.

### Is this a review request? (Please tick box if appropriate)

The employer requests that the SMA shall provide medical advice services in accordance with the terms of this order form.

The employer agrees to make payment to the SMA for the provision of the medical services within 10 days of receipt of a valid invoice.

I understand that the Scheme Medical Adviser may invite the applicant to attend a consultation and they will charge for this.

Signed for and on behalf of the employer.

**Your signature**

**Date**

**Name**

**Position**



**Please note:** you must attach ALL the information listed here and tick the box to show that you have done so.

- 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 The original application papers including:
- the medical adviser's decision and supporting documents
  - Occupational health records including the medical in confidence envelope.

- 3 **(Appeal)**  
In appeal cases Part 1 of this form completed by your employee and the new medical evidence they are submitting.

- 3 **(Review)**  
In review cases Part 1 and Part 2A (below) completed to indicate why you are seeking medical advice.

When you have collected together all of the information asked for, you should send it to the Civil Service pension scheme.

**Capita Pensions Solutions,  
PO Box 713  
Darlington  
DL1 9JZ**

## Part 2A Review cases – Decision maker completes

I am referring this case for medical advice for the following reason(s):