# HR Procedure

## Application for Early Release of Deferred Pension on Ill Health grounds.

Introduction

The Firefighter Pension Scheme(s) makes provision for the release of pension on ill health grounds at any age, whether you are employed or whether you have left and have a deferred pension.

The decision as to whether deferred pension benefits can be released is that of your former employer. A medical assessment by an Independent Qualified Medical Practitioner (IQMP) commonly known as an Occupational Health Physician is required. The medical assessment will be completed by Cumbria Fire & Rescue Service’s Occupational Health Service. In order to make a medical assessment they will require information about your medical condition(s) from your General Practitioner (GP) and / or Specialist / Consultant. The decision whether or not to release your pension benefits will be made by the Scheme Manager.

Successful applications from former employees will result in any deferred pension benefits

relating to employment with Cumbria Fire & Rescue Service being released.

The pension benefits will be based on the amount of service you accrued up to the date you

left employment with Cumbria Fire & Rescue Service. No additional service can be awarded towards a deferred pension.

Factors to consider before making an application

Before you complete this application, you should carefully consider whether this is the best option for you because releasing your pension early may:

* Reduce the amount of your pension
* Result in tax penalties
* Reduce your entitlement to state benefits

If you wish to go ahead with this application

Please complete all parts of the application form and medical consent form, which are attached, providing all relevant information that you believe supports your request for release. The completed application and consent form should be returned to:

Human Resources, Fire Service Headquarters, Carleton Avenue, Penrith, CA10 2FA

Or via e-mail HR@cumbriafire.gov.uk

An outline of the assessment process

1. Upon receipt of your fully completed application form, a request will be made for your

medical condition to be assessed by the Occupational Health Service.

2. Usually a report will be requested from your GP / Consultant(s). The time taken for

receipt of this report(s) is out of the control of Cumbria Fire & Rescue Service and can take several weeks. It may be helpful if you ask your GP / Consultant to respond quickly. There is also a form at the end of this document, which may be used by yourself to ask your doctors or

specialists to provide medical details before submitting your application, and this may

speed up the process.

3. If it is considered necessary for the IQMP to have a face-to-face appointment with you,

an appointment date, time and location will be sent to your home address. If you turn

down or fail to attend an appointment on two occasions the Occupational Health

Physician will provide an assessment based on the information available to them.

*4.* Once the Occupational Health Service have obtained all the relevant medical

information the IQMP will compile a report about whether you are suffering from ill

health to the extent set out below, in accordance with the provisions of the relevant

Firefighter pension Scheme.

5. The report will then be considered by the Scheme Manager, and a decision made

whether to release your deferred pension benefit or not.

6. You will be informed of the decision in writing.

Application form Early Release of Deferred Pension Benefits

Please note that if you have more than one deferred pension you will need to complete a separate application form for each. However, you only need to submit one medical consent form and one set of any supporting medical information / documents.

|  |  |
| --- | --- |
| **Your Details** | |
| Title |  |
| Surname |  |
| Forename(s) |  |
| Date of Birth |  |
| Employee Number (if known) |  |
| National Insurance Number |  |
| Home address (including post code) |  |
| Daytime telephone number |  |
| Mobile |  |
| Email address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of your former employment with Cumbria Fire & Rescue Service** | | | |
| Date employment with Cumbria Fire and Rescue Service Ended | |  | |
| Reason employment ended | |  | |
| Former CFRS Service Area | |  | |
| Former Job Title | |  | |
| Former Grade | |  | |
| Can you supply a job description? | | If yes – please enclose with this application.  If no – please note that this may cause a delay in your application as Cumbria Fire & Rescue Service will need to establish the duties of your former position | |
| Main purpose of the Job | |  | |
| Main purpose of the Job |  | |
| Details of the Job.  Please give as much information as possible about the nature of the tasks you completed. LGPS regulations require and assessment of whether you are permanently incapable, because of ill health or infirmity of the mind or body, of discharging efficiently the duties of your former employment |  | |

|  |  |
| --- | --- |
| **Details of your current employment** | |
| Name of employer |  |
| Date employment commenced |  |
| Number of hours worked each week |  |
| Details of the job – nature of the tasks completed |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of your application for early release of deferred pension benefits on ill health grounds** | | | |
| Date of application for early payment. This will be taken as the date of receipt of your fully completed application form and may be the effective date of early payment depending on the LGPS Regulations. | |  | |
| Are you terminally ill with less than 12 months life expectancy | | Yes / No  If yes your application will be treated as urgent and will be ‘fast tracked’ subject to the necessary medical information being available. | |
| Please describe why you believe that you are not able to work in your former job | |  | |
| Please explain any barriers to working in your former job | |  | |
| Why do you believe you would not be able to return to your former job before your scheme pension age |  | |
| Please describe why you  believe that you are not able  to undertake regular  employment (at least 30  hours per week on average  over a period of not less than  12 consecutive months)  before your pension age |  | |
| Do you have any specific  mobility, hearing or visual  needs that may need to be  considered to ensure you can  attend an appointment with  the IQMP |  | |
| Signature |  | |
| Date |  | |

Medical Consent form

In order to avoid delay in progressing your application please also complete the attached medical consent form and attach it to your application. This medical consent form explains your rights in relation to your medical records under the Access to Medical Reports Act 1988.

Giving your consent enables the Occupational Health Service to:

* Contact your GP/Consultant to request a report and/or request copies of your medical records. If you already have copies of any documents from your GP or Consultant please attach these to this application as it may speed up the processing of your case.
* Release a copy of your Cumbria Fire & Rescue Service Occupational Health records.

By signing the consent form, you will also confirm that:

* You understand that should you wish to see a copy of any information supplied by your Doctor(s), Specialist or Consultant you may have to pay a reasonable fee for any report that is supplied.
* Consent is enduring and will endure until your former employer i.e. Cumbria Fire & Rescue Service, has determined the outcome of your application, unless you provide written confirmation that you are withdrawing your consent.

Strictly Confidential - Medical Consent form

**Name:**

**Address:**

**DOB:**

**PART A - REQUESTING GP/CONSULTANT REPORT/RECORDS**

The Occupational Health Physician/Adviser (OHP/OHA) is seeking your consent to make confidential enquiries into your state of health. This may include an approach to your GP or Consultant who has been responsible for your physical or mental health care and requesting a written report or asking them for a copy of the medical records they hold on you. This information will only be seen and held by the OHP/OHA.

You have certain rights under the Access to Medical Reports Act 1988. A summary of your rights are:

1. You can refuse consent
2. You may consent to the application for a report and indicate that you **do not** **wish** to see it before it is sent.
3. You may consent to the application for a report but indicate that you **wish to see** the report first before it is supplied. Please note:
   1. You must also arrange this within 21 days of the original request.
   2. If you wish to receive a copy of the report, your GP/Consultant may charge a fee.
   3. If you consider the report is incorrect or misleading, you can also ask for it to be amended. If your GP or Consultant disagrees you can attach your own comments to the report or withdraw consent.
   4. The GP or Consultant providing the report is not obliged to show any parts of the report which he/she believes might cause serious harm to your physical or mental health.
   5. You can see the report at any time up until 6 months after the report is sent to us by contacting your GP or Consultant.

**I have been informed of my statutory rights under the Access to Medical Reports Act 1988.**

**I give consent for the Occupational Health Physician/Adviser to:**

* **Apply for a report giving medical information from my GP/or Consultant who has been responsible for my physical or mental health care.**
* **Obtain copies of my medical records from my GP/Consultant**

**A copy of this consent shall have the validity of the original.**

**THE FOLLOWING SECTION MUST BE COMPLETED AS A DELAY WILL OCCUR IF THE FORM HAS TO BE RETURNED TO YOU.**

**I DO / DO NOT wish to see the medical report before it is sent.**

**Name and Address of GP**  **Name and Address of Consultant**

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**Signature**……………………………………………. **Date**…………………………………………..

If you have any existing reports/documents from your GP/Consultant please could you return them with this form as this could speed up your case.

**If you do not wish the OHP/OHA to contact your GP/Consultant please complete the following.**

**I decline to give my consent for a GP/Consultant report. I understand that my ex–employer may not be able to consider release of my deferred pension benefits on ill-health grounds without requesting this information.**

**Signature**…….…………….…………………………… **Date**…………………………………………

**PART B – CONSENT TO BEING ASSESSED BY OCCUPATIONAL HEALTH and RELEASE OF CCC AND/OR CFRS OCCUPATIONAL HEALTH MEDICAL RECORDS**

Following my application for early release of my deferred pension benefits on ill health grounds I agree to being medically assessed by an Occupational Health Physician and him / her making a report and completing a LPPA Certificate about my medical fitness.

I hereby authorise Cumbria Fire & Rescue Service (CFRS) to release a copy of my Occupational Health medical report as requested on this one occasion to HR so that the deciding Officer, has access to the full information.

I understand that I cannot be offered early payment of my deferred pension without a report and completed LPPA certificate from the Occupational Health Physician.

This request is made pursuant to the Access to Health Records Act 1990, the Data Protection Act 1998 and the General Data Protection Regulations 2018.

**Signature**………………………………………………….. **Date** ……………………………………..

Optional form and Notes – for your Doctor or Specialist

You may use this form to ask your doctors or specialist to provide medical detail to support your application. You could obtain this information before submitting your application and bring it to your medical assessment. This may reduce the time it takes to assess your application.

|  |  |
| --- | --- |
| **Your Details** | |
| Title |  |
| Surname |  |
| Forename(s) |  |
| Date of Birth |  |
| National Insurance Number |  |

|  |  |
| --- | --- |
| **Medical Information for the Doctor or Specialist to provide** | |
| 1. What is the diagnosis of the main medical condition? | |
|  | |
| 1. Please list any secondary conditions | |
|  | |
| 1. Please indicate the applicants current symptoms and clinical findings on examination | |
|  | |
| 1. Please detail the current and past treatment and response | |
|  | |
| 1. What is the long-term outlook? | |
|  | |
| 1. What is the impact of the illness on the physical and mental functional ability of the applicant? |
|  |
| 1. Is further treatment envisaged or possible and what is the likely effect? |
|  |
| 1. Has there been referral for specialist assessment and treatment?   YES / NO |
| 1. Have you received specialist reports on this patient?   YES / NO |
| 1. Copies of specialist correspondence attached?   YES / NO - If yes please list below |
|  |
| **Signed:** |
| **Date:** |
| **Position:** |
| **Medical Qualification(s):** |

Please note: If you need more space for any answers, please attach an additional sheet clearly marked with the relevant question number.

**Notes for the applicant’s doctor or specialist**

A former member of the Firefighters Pension Scheme may apply to have their pension brought into

payment early if their health breaks down. The criteria are essentially the same as if they had they

remained in the Fire & Rescue Service they would have been retired on the grounds of ill health.

It is necessary to demonstrate that the former employee not only has a medical condition that would

render them incapable of their previous duties, or for regular employment, but also, despite appropriate treatment, that the resulting incapacity is likely to be permanent. In other words, both their ill health and the incapacity must be likely to be present until state pension age.

When a medical condition is severe enough to warrant Early Payment of Deferred 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 the evidence-based

treatments for the specific illness have been completed. It is therefore 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

advisor in consideration of the patient’s application for early payment of their deferred benefit.

However, unless you are familiar with the criteria for permanent incapacity under the rules of the pension scheme, it is preferable that you avoid comment on pension eligibility, as this often raises false expectations in those who may not meet the strict criteria of the pension scheme. These matters will be assessed by the independent medical adviser to the scheme.