**Independent doctor’s referral: assessment of case for ill-health pension**

**Part A: Employer details**

| **Question** | **Answer** |
| --- | --- |
| Employer’s name: |  |
| Name of case officer: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Cambridgeshire Pension Fund or Northamptonshire Pension Fund:  |  |

**Invoice details**

| **Question** | **Answer** |
| --- | --- |
| The invoice for this referral should quote this order number/reference: |  |
| Address for Invoice (if different from above): |  |

**Part B: Applicant details**

| **Question** | **Answer** |
| --- | --- |
| Title: |  |
| Full name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Date of birth: |  |
| Age: |  |
| Sex: male/female |  |

Please complete a separate ill-health certificate for each of the following job/s:

|  | **Job Title** | **Place of work** | **Status** |
| --- | --- | --- | --- |
| Job 1: |  |  |  |
| Job 2: |  |  |  |
| Job 3: |  |  |  |
| Job 4: |  |  |  |

**Part C: Details of referral**

**i) Type of ill-health referral and certificate required.**

One certificate needed for each job given in Part B – reference in job number refers to job number at Part B. Use the table to identify the correct choice and which IHCERT form to attach.

|  |  | **Job no.** |
| --- | --- | --- |
| **C1** | Referral of current employee who is still in the LGPS following significant investigation by employer’s occupational health together with all medical information held by occupational health physician. Please get additional medical information direct from GP/consultant if required. Use **IHCERTA1**. |  |
| **C2** | Referral of current employee who is still in the LGPS where no recent occupational health investigation has occurred. Any medical records included will be old. Expectation that there will be a need to get additional medical information direct from GP/consultant. Use **IHCERTA1**. |  |
| **C3** | Referral as a result of an appeal decision from current or recent employee. Recent IHCERTA1 (or equivalent) in existence. Please get a second independent doctor to review the case, including getting up to date medical information as appropriate. As necessary ensure this includes information indicated by appeal decision or additional information indicated by applicant and attached to IHRC. i) Current employee use **IHCERTA1**. |  |
|  | ii) Recent employee use I**HCERTDX4** (Assuming left post 31/3/2014). |  |
| **C4** | Referral of ex-employee where an appropriate process was not followed leading up to leaving. Any medical records included will be old. Expectation that there will be a need to get additional medical information direct from GP/consultant. Assuming post 31/3/14 leaver use **IHCERTDX4**. |  |
| **C5** | Referred as a case where treatment/investigation has now advanced/been completed to a point where outcome is now clear. This could be looked at by the original doctor if he is prepared to sign the independence statement otherwise use second doctor. Relatively recent IHCERTA1 (or equivalent) in existence. Please get doctor to review the case, including getting up to date medical information as appropriate. i) Current employee use **IHCERTA1**. |  |
|  | ii) Pre 1/4/14 leaver use I**HCERTDX3**. |  |
|  | iii) Post 31/3/14 leaver use **IHCERTDX4**. |  |
| **C6** | Referral of current employee who opted out of LGPS in past. Includes all medical information held by occupational health physician. Please get additional medical information direct from GP/consultant if required. i) Pre 1/4/98 opt out use **IHCERTD1**. |  |
|  | ii) 1/4/98 to 31/3/08 opt out use **IHCERTD2.** |  |
|  | iii) 1/4/08 to 31/3/2013 opt out use **IHCERTD3**. |  |
|  | iv) Post 31/3/2014 opt out use IHCERTD4. |  |
| **C7** | Referral of deferred pensioner where no recent occupational health investigation has occurred. Any medical records included will be old. Expectation that there will be a need to get additional medical information direct from GP/consultant. i) Pre 1/4/98 leaver use **IHCERTD1**. |  |
|  | ii) 1/4/98 to 31/3/08 leaver use **IHCERTD2**. |  |
|  | iii) 1/4/08 to 31/3/2014 leaver use **IHCERTD3**. |  |
|  | iv) Post 31/3/2014 leaver use **IHCERTD4**. |  |

All referrals assume that the employer agrees to the IRMP provider requesting one report from the applicants GP *and* consultant/specialist if needed without additional reference to the employer and charging as per their schedule of charges. Further reports will be discussed with the employer if needed.

**ii) Reduction in hour referrals**

The above referral includes reduction in hour assessments for the following jobs. Details are attached.

Job 1: Yes/No Job 2: Yes/No Job 3: Yes/No Job 4: Yes/No

**iii) For each statement in the column on the left select one of the statements on the right.**

**Attach all indicated information.**

| **Question** | **Answer yes/no** |
| --- | --- |
| A job description - if it’s an opt out, it’s the one for the job they had when they opted out).1. Attached
 |  |
| 1. Already supplied
 |  |
| Generic job and person specific hazard/risk assessment and skill/attribute information. 1. Attached
 |  |
| 1. Already supplied
 |  |
| Details of reduction in hours for those jobs mentioned in C ii) to manage ill-health.1. Attached
 |  |
| 1. Already supplied
 |  |
| 1. No reduction in hours
 |  |
| All the notes and reports from the employer’s occupational health advisor about the case.1. Attached
 |  |
| 1. Already supplied
 |  |
| 1. Being supplied direct to IRMP by OHA
 |  |
| 1. No notes or reports available
 |  |
| Occupational health advisor’s report if available.1. Attached
 |  |
| 1. Already supplied
 |  |
| 1. No notes or reports available
 |  |
| Further details (eg they’ve indicated a *terminal* prognosis with *very* limited life expectancy)1. Attached
 |  |
| 1. Already supplied
 |  |
| 1. No other relevant details
 |  |
| The employee’s medical consent form (IHRC). S**ignature is no more than 4 weeks old.** 1. Attached. I have made sure it includes contact details for the GP and a consultant.
 |  |
| Further details if provided by the employee (attached to the IHRC).1. Attached
 |  |
| 1. Not provided by employee
 |  |

Please complete the independent medical advisor’s investigation of this case as soon as is practicable.

Signed:

Name:

Position:

Date: