



TR3REF (Apr 22)

# Local Government Pension Scheme

# Independent doctor referral: tier 3 ill-health pension 18 month review

## Part A: Employer contact details

|  |
| --- |
| Employer’s name: |
| Name of case officer: |
| Address: |
| Postcode: |
| Telephone: |
| Email:  |

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

## Part B: Details of tier 3 member

|  |  |
| --- | --- |
| Title Dr/Mr/Ms/Mrs/Miss/other: | Date of birth.(dd/mm/yy) : / / |
| First names: | Age (years): |
| Surname: | Sex : M [ ]  F [ ]  |
| Address: |  |
| Postcode: | Telephone number : |
| Date of original referral: |  |
| Dismissal date: |  |
| If pension discontinued, date it discontinued: |  |

## Part C: Details of referral

The person named in part B was awarded a tier 3 ill-health pension on dismissal. A review of their entitlement is required.

Please complete a tier 3 review and certificate for this person.

**The review may be carried out by the same doctor that gave the opinion and signed the certificate that led to the original tier 3 pension award. The review does, however, need to be based on up to date medical evidence.**

I enclose

|  |  |  |
| --- | --- | --- |
| Type of referral: | Certificate attached |  |
| 18 month review - Pre 1/4/2014 leaver | TR3REV08A | [ ]  |
| 18 month review - Post 31/3/2014 leaver | TR3REV14A | [ ]  |
| Tier 3 Reinstatement request - Pre 1/4/2014 leaver | TR3REV08C | [ ]  |
| Tier 3 Reinstatement request - Post 31/3/2014 leaver | TR3REV14C | [ ]  |
| Uprate to Tier 2 request: |  |  |
| * Tier 3 Still in payment - Pre 1/4/2014 leaver
 | TR3REV08A | [ ]  |
| * Tier 3 Still in payment - Post 31/3/2014 leaver
 | TR3REV14A | [ ]  |
| * Tier 3 Discontinued - Pre 1/4/2014 leaver
 | TR3REV08B | [ ]  |
| * Tier 3 Discontinued - Post 31/3/2014 leaver
 | TR3REV14B | [ ]  |
| The employee’s medical consent form (IHRC3). **NB: with signature no more than month old.** | 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 IHRC3). | Attached | [ ]  |
| Not provided by employee | [ ]  |
| Reports collected by the employer’s occupational health advisor to update the case. | Attached | [ ]  |
| No notes or reports available, please source them and charge me | [ ]  |
| Further relevant details.  | Attached | [ ]  |
| No other relevant details  | [ ]  |

You should already have (from the original referral):

* A job description.
* Generic job and person specific hazard/risk assessment and relevant skill/attribute information.
* Medical information from the date of the original opinion.

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

Signed: …………………………………………………… Date: …………………………….

Name: ……………………………………………………. Position: …………………………