

# Ill-health toolkit: suggested letter format - deferred pension into payment

The following letter chooser gives access to suggested wording for letters to be used during the ill-health pension process as detailed in ill-health guidance notes 2 and 4.

Choose carefully – if in doubt please get in touch.

Some of these letters are used to ensure the correct notification of entitlement award and pension application form is issued.

Go [here](#HERESETUP) for instructions on how to set the letters up.

|  |  |
| --- | --- |
| [To send out the IHRC – jd enclosed](#jdenclosed) | To acknowledge request, get confirmation of job information and ask for IHRC completion. |
| [Initial contact – no jd](#nojd) | To acknowledge request and do initial research on job information to use. |
| [To send out the IHRC – job info for approval](#jobinfoforapproval) | To get confirmation of job information and ask for IHRC completion. |

**Deferred into payment on grounds of ill-health decision letters.**

|  |  |
| --- | --- |
| Hindsight payment granted | To be used when backdating decision to point of leaving.  Goes with the appropriate entitlement award letter from Ill-health toolkit – letters - active.  [**Cambridgeshire Pension Fund version**](#HindsightpaymentgrantedCPF)  [**Northamptonshire Pension Fund version**](#HindsightpaymentgrantedNPF) |
| Hindsight payment not granted | To be used when backdating was considered but did not qualify.  [**Cambridgeshire Pension Fund version**](#HindsightpaymentnotgrantedCPF)  [**Northamptonshire Pension Fund version**](#HindsightpaymentnotgrantedNPF) |
| DB into payment on grounds of ill-health | To be used when consent has been given for a deferred benefit to brought into payment on grounds of ill-health. Will need editing depending on relevant regulations.  [**Cambridgeshire Pension Fund version**](#DByesCPF)  [**Northamptonshire Pension Fund version**](#DByesNPF) |
| DB into payment on grounds of ill-health refused | To be used when consent has not been given for a deferred benefit to be brought into payment on grounds of ill-health. Will need editing depending on relevant regulations.  [**Cambridgeshire Pension Fund version**](#DBNoCPF)  [**Northamptonshire Pension Fund version**](#DBNoNPF) |

## Instructions for setting letters up

The following is the suggested text for the full range of scenarios that could be encountered when dealing with deferred into payment on grounds of ill-health. The text is not mandatory, and you may wish to tailor it to a house style and/or incorporate it into other letters you are using. However, it is based on what we consider best practice, so you are advised to take care when amending.

Most employers will rarely need to use these letters. It is suggested that you always use this document from the website, so you have the most upto date letters.

The following protocol is used throughout the letters – follow the instructions to get letters fit for individuals:

#instruction on what to insert# - each time the text is used these sections need to be tailored for the individual concerned according to the instructions. Once done remember to then remove the #, the instruction and highlight.

***<instruction on what to do>* Optional information *-*** each time the text is used you will need to choose which of two or more paragraphs to include. The orange text tells you what to do the text highlighted in yellow gives you the options.Once done remember to remove the orange instruction, delete the unneeded paragraph and remove the yellow highlight on the remaining paragraph.

|  |  |
| --- | --- |
| To send out the IHRC – jd enclosed | IHRC covering letter – deferred  [RETURN to Letter Chooser](#chooser) |

Dear #name#

**Application for payment of your deferred pension on ill-health grounds.**

Thank you for your application to have your Local Government Pension Scheme deferred pension award brought into payment on the grounds of ill-health.

I will need to refer your case to an Independent doctor to see whether you meet the necessary criteria for this to happen. To make this assessment the independent doctor will need medical information about you. Please complete the enclosed “IHRC - consent to release medical records to an independent doctor” so that information can be supplied to the independent doctor. If you decide not to consent or do not provide contact details of your GP and consultant the Independent doctor will not be able to get sufficient information to decide if you meet the ill-health criteria. This means you will not get an ill-health pension.

This form provides you with the opportunity to explain to the independent doctor how your medical condition is affecting you. You can also use this opportunity to provide details about what your own doctor has told you about your chances of recovery.

As part of the referral I also need to provide the independent doctor with details of the job you were doing on the last day of membership that your deferred pension award is based on. For your information I have enclosed the details I propose to send. Please let me know if you think this is a fair reflection of the job you were doing. In particular please pay attention to anything you were regularly required to do that you would now find difficult as a result of your illness. If you agree can you please sign and date the details before returning to this office? If not, please let me know what is incorrect or missing.

I also enclose a leaflet entitled “Claiming your deferred pension benefit due to ill-health” which explains what will happen when you are referred to the independent doctor.

I look forward to hearing from you so that we can proceed as quickly as is possible.

Yours sincerely

#name of person dealing with case#

#job title #

enclosures: IHRC

Job details

Leaflet - Claiming your deferred pension benefit due to ill-health

|  |  |
| --- | --- |
| Initial contact – no jd | To acknowledge request and do initial research on job information to use.  [RETURN to Letter Chooser](#chooser) |

Dear #name#

**Application for payment of your deferred pension on ill-health grounds**

Thank you for your application to have your Local Government Pension Scheme deferred pension award brought into payment on the grounds of ill-health.

I will need to refer your case to an Independent doctor to see whether you meet the necessary criteria for this to happen. As part of the referral I need to provide details of the job you were doing on the last day of membership that your deferred pension award is based on. I have limited records on your actual job. Can you therefore please let me know what your job title was and what department you worked in together with details of what you did on a day to day basis? In particular please pay attention to anything you were required to do regularly that you would now find difficult to do as a result of your illness.

Once I have this from you I will prepare the information I propose to send to the Independent doctor and will give you the opportunity to review this before forwarding. At the same time I will also need you to sign a medical consent form.

I enclose a leaflet entitled ‘Claiming your deferred pension benefit due to ill-health” which explains what will happen when you are referred to the independent doctor.

I look forward from hearing from you so that we can proceed as quickly as is possible.

Yours sincerely

#name of person dealing with case#

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Encs: Leaflet - Claiming your deferred pension benefit due to ill-health

|  |  |
| --- | --- |
| To send out the IHRC – job info for approval | To get confirmation of job information and ask for IHRC completion.  [RETURN to Letter Chooser](#chooser) |

Dear #name#

**Application for payment of your deferred pension on ill-health grounds**

Thank you for providing the details of the job you were doing on the last day of membership that your deferred pension award is based on. I enclose the information I am proposing to send to the Independent doctor as part of the referral.

Please let me know if you think this is a fair reflection of the job you were doing. In particular please pay attention to anything you were required to do that you would now find difficult to do as a result of your illness. If you agree, please sign and date the details before returning to this office. If not, please let me know what is incorrect or missing.

I will need to refer your case to an independent doctor to see whether you meet the necessary criteria for this to happen. To make this assessment the Independent doctor will need medical information about you. Please complete the enclosed ‘IHRC - Consent to release medical records to an independent doctor’ so that information can be supplied to the independent doctor. If you decide not to consent or do not provide contact details of your GP and consultant the Independent doctor will not be able to get sufficient information to decide if you meet the ill-health criteria. This means you will not get an ill-health pension.

This form provides you with the opportunity to explain to the Independent doctor how your medical condition is affecting you. You can also use this opportunity to provide details about what your own Doctor has told you about your chances of recovery.

I look forward to hearing from you so that we can proceed as quickly as is possible.

Yours sincerely

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job details

|  |  |
| --- | --- |
| Hindsight payment granted  (Cambridgeshire Pension Fund version) | To be used when backdating decision to point of leaving. Goes with the appropriate entitlement award letter from Ill-health toolkit – Letters - Active.  [RETURN to Letter Chooser](#chooser) |

Dear #name#

**Release of benefits backdated**

I am pleased to inform you that #employer name# has decided to change the decision regarding payment of an ill-health pension from the date of your dismissal. This is being done because the Independent doctor has now signed a certificate to say that, with the benefit of hindsight, it is now clear that you met the criteria at the point of dismissal.

Please find enclosed a new entitlement award; this replaces the one that was issued when you left your employment.

**To claim your pension you should complete the enclosed RETIRE1:** Application to receive retirement benefits and **return it to us at the address given in the RETIRE3:** Retirement benefits notes**, together with your completed RETIRE2:** Death grant – expression of wish form should you wish, and **any necessary certificates. It is important that you read the notes carefully and seek clarification on any points that you are uncertain of before signing and returning your application.** They will organise payment of your pension benefits including the backdating of the pension to the point you left employment.

**Right of appeal**

If you are not satisfied with this decision you should contact me for clarification and further explanation of the matter in question. Many misunderstandings or incorrect information can be explained or put right quickly and easily by doing this. If, following this, you are not satisfied with the decision you have the right of appeal, within specified time limits, to #enter job title and contact details of specified person#. If you are not satisfied with his/her decision you can then appeal to a separate person nominated by Cambridgeshire County Council as administering authority of the Pension Fund. A leaflet on the appeals procedure is enclosed.

If you need any further information please feel free to contact me at the address above.

Yours sincerely

#name of individual authorised to make award#

#job title of individual authorised to make award#

**Enclosures: Entitlement award and forms**

**Employer decision appeals leaflet**

|  |  |
| --- | --- |
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**Enclosures: Entitlement award and forms**

**Employer decision appeals leaflet**

|  |  |
| --- | --- |
| Hindsight payment not granted  (Cambridgeshire Pension Fund version) | To be used when backdating was considered but did not qualify. [RETURN to Letter Chooser](#chooser) |

Dear #name#

**Backdating of your retirement benefits**

The independent doctor has now had an opportunity to review your case and has confirmed that the original decision that you did not meet the criteria for an ill-health pension is still correct. The entitlement award issued at the time remains unchanged.

**<Choose relevant paragraph – remove reference to backdating if there is none.>**

The independent doctor also reviewed your case to see if you meet the criteria for deferred pension benefits into payment on grounds of ill-health and has decided that you do and provided a suitable certificate. I am therefore pleased to inform you that #employer name# has decided to grant consent for the payment of your deferred pension benefits on the grounds of ill-health. Payment will be backdated to #date# and arrears will be paid. This decision has been made in accordance with the **Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations, 2007.**

The independent doctor also reviewed your case to see if you meet the criteria for deferred benefits into payment on grounds of ill-health, has decided that you do not and has decided not to issue the necessary certificate because ## summarise key wording from report received with the IHCERTDX3#. On this basis I am also unable to grant early payment of your pension benefits on the grounds of ill-health. This decision has been made in accordance with the **Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations, 2007.**

The independent doctor also reviewed your case to see if you meet the criteria for deferred pension benefits into payment on grounds of ill-health and has decided that you do and provided a suitable certificate. I am therefore pleased to inform you that #employer name# has decided to grant consent for the payment of your deferred pension benefits on the grounds of ill-health. **Payment will be made from #date#. This decision has been made in accordance with the Local Government Pension Scheme Regulations 2013.**

The independent doctor also reviewed your case to see if you meet the criteria for deferred benefits into payment on grounds of ill-health, has decided that you do not and has decided not to issue the necessary certificate because ## summarise key wording from report received with the IHCERTDX4#. On this basis I am also unable to grant early payment of your pension benefits on the grounds of ill-health. This decision has been made in accordance with the **Local Government Pension Scheme Regulations 2013.**

**Right of appeal**

If you are not satisfied with this decision you should contact me for clarification and further explanation of the matter in question. Many misunderstandings or incorrect information can be explained or put right quickly and easily by doing this. If, following this, you are not satisfied with the decision you have the right of appeal, within specified time limits, to #enter job title and contact details of specified person#. If you are not satisfied with their decision you can then appeal to a separate person nominated by Cambridgeshire County Council as administering authority of the Pension Fund. A leaflet on the appeals procedure is enclosed.

**<Include following if hindsight not granted but deferred into payment is>**

**I have sent a copy of this letter to Cambridgeshire Pension Fund. You should hear from them within two weeks with details of your pension benefit options and an application form. If you have not heard anything you should contact them. Their telephone number is** 01604 366537 **or you can email** pensions@westnorthants.gov.uk **Once they receive your completed form they will process and pay your benefits.**

If you need any further information please feel free to contact me at the address above.

Yours sincerely

#name of individual authorised to make award#

#job title of individual authorised to make award#

**Enclosures: Employer decision appeals leaflet**

|  |  |
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Yours sincerely

#name of individual authorised to make award#

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**Enclosures: Employer decision appeals leaflet**

|  |  |
| --- | --- |
| DB into payment on grounds of ill-health  (Cambridgeshire Pension Fund version) | To be used when consent has been given for a deferred pension benefit to be brought into payment on grounds of ill-health. Will need editing depending on relevant regulations.  [RETURN to Letter Chooser](#chooser) |

Dear #name#

**Release of benefits on ill health grounds granted**

I am pleased to inform you that #employer name# has decided to grant consent for the payment of your deferred pension benefits on the grounds of ill-health. This follows receipt of a certificate from the independent doctor saying that you meet the relevant criteria.

***<choose relevant sentence, add date and edit to combine into the paragraph above – use first sentence if member left or opted out between 1/4/98 and 31/3/2008 inclusive, second if they left or opted out prior to 1/4/98 or between 1/4/2008 and 31/3/2014 inclusive, and third if they left or opted out after 31/3/2104>***

Payment will be backdated to #date of first receipt of request for early payment by employer or Cambridgeshire Pension Fund# and arrears will be paid.

Payment will be backdated to #date Independent doctor has given on IHCERTD1 or IHCERTD3 as the first date permanent incapability was known# and arrears will be paid

Payment will be made from #date employer made determination that member met criteria for early payment on ill health grounds#.

***<choose relevant paragraph depending on what set of regulations applied (2013 if left/opted out after 31/3/2014, 2007 if left/opted out between 1/4/08 and 31/3/2014 inclusive, 1997 if left/opted out 1/4/98 to 31/3/2008, 1995 if left/opted out prior to 1/4/1998>***

This decision has been made in accordance with the **Local Government Pension Scheme Regulations 2013.**

This decision has been made in accordance with the **Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007.**

This decision has been made in accordance with the **Local Government Pension Scheme Regulations 1997.**

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#name of individual authorised to make award#

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**Enclosures: Employer decision appeals leaflet**

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**Enclosures: Employer decision appeals leaflet**

|  |  |
| --- | --- |
| DB into payment on grounds of ill-health refused  (Cambridgeshire Pension Fund Version) | To be used when consent has not been given for a deferred pension benefit to be brought into payment on grounds of ill-health. Will need editing depending on relevant regulations.  [RETURN to Letter Chooser](#chooser) |

Dear #name#

**Release of benefits on ill health grounds not granted**

I am now in receipt of the view of the Independent doctor regarding your application to have your deferred pension brought into payment on the grounds of ill-health. The independent doctor has decided not to issue the necessary certificate because ## summarise key wording from report received with the IHCERTD1/ IHCERTD2/ IHCERTD3/IHCERTD4#.

On this basis I am unable to grant your request for early payment of your pension benefits on the grounds of ill-health.

***<choose relevant paragraph depending on what set of regulations applied (2013 if left/opted out after 31/3/2014, 2007 if left/opted out between 1/4/08 and 31/3/2014 inclusive, 1997 if left/opted out 1/4/98 to 31/3/2008, 1995 if left/opted out prior to 1/4/1998>***

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