

## Tier 3 - 18 month review letter

Dear

### Local Government Pension Scheme

I refer to the award of the Tier 3 ill health benefit that has previously been made to you.

The key points of your award were as follows:

- the pension will be paid for a maximum of 3 years from the date you ceased employment
- payment of the pension will stop before 3 years if you find gainful employment\*

\* *Gainful employment is defined as paid employment for not less than 30 hours in each week for a period of not less than 12 months.*

- payment of the pension will be reinstated at normal retirement age
- if the pension is still in payment after 18 months from the date you ceased employment I will review your case and this will include a further medical review
- if, before the 18 month review, you feel that the medical condition that led to your retirement has worsened, you should contact me with details

I now need to carry out the 18 month review of your case and should be grateful if you would complete and return the attached form.

Please return the completed form within a month of the date of this letter. A delay in returning the form may mean that your pension will be suspended.

Yours sincerely

**Appropriate Title**

# TIER 3 – 18 MONTH REVIEW DECLARATION

## Local Government Pension Scheme



*All boxes MUST be completed*

### This part to be completed by Personnel

#### Member Details

Employee's Payroll Reference Number

(i.e. unique contract identifier)

Surname

Forename(s)

Date of Birth

Date of retirement

National Insurance Number

### This part to be completed by scheme member

Please tick relevant option:-

- I declare that, since the date that I was awarded a tier 3 ill health benefit, I have not found other employment, or
- I declare that I have found other employment (please provide details below)

#### Details of new employment

Date commenced employment

Name and address of new employer

Telephone number of new employer

Please indicate type of employment:-

- Unpaid voluntary work                       Paid employment

National Insurance Number

Payroll Reference Number

**If paid employment please indicate**

**Type of Contract**

Permanent

Temporary

Casual

Copy of contract included (optional)

**Duration of Contract**

Less than 12 months

Initially less than 12 months but contract extended

More than 12 months

**Weekly hours of work**

**Home address**   
**Postcode**

**signature**

**Date**

**This form must be completed correctly and signed otherwise it will be returned.**