**Memo to Avon Pension Fund - Tier 3 Ill Health Retirement**

**Gainful Employment Review**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Stop payment of Tier 3 benefits | | | |  | | | |
|  | - effective date |  |  | | | | | |
|  | - has Member received overpayment of pension? | | | | NO; | YES | | |
|  | if YES, enter gross amount of overpayment £ | | |  | |  | | |
|  |  | | | | | |  | |
|  | Change payment to Tier 2 benefits (medical certificate must be attached) | | | | | | |  |
|  | - effective date |  |  | | | | | |
|  |  | | | |  | | | |
|  | Recommence payment of previously suspended Tier 3 benefits | | | | | | | |
|  | - effective date |  |  | | | | | |

**18 Month Review**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Continue payment of Tier 3 benefits | | | |  | | |
|  |  | | | |  | | |
|  | Stop payment of Tier 3 benefits | | | |  | | |
|  | - effective date |  |  | | | | |
|  | - has Member received overpayment of pension? | | | | NO; | YES | |
|  | if YES, enter gross amount of overpayment £ | | |  | |  | |
|  |  | | | | | |  |
|  | Change payment to Tier 2 benefits (medical certificate must be attached) | | | | | |  |
|  | - effective date |  |  | | | | |
|  |  | | | |  | | |
|  | Recommence payment of previously suspended Tier 3 benefits | | | | | | |
|  | - effective date |  |  | | | | |

I enclose a copy of the First Instance Decision letter which has been sent to the Member and confirm that the details above are correct

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature: | |  | | Date: |  |
| Name: |  | | | | |
| Post Held: | |  | | | |
| Name of Scheme Employer: | | |  | | |