**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: |  |