**Specimen Letter IHR 02 – Ill Health Tier 1 Awarded**

Dear **<Name of Member>**

**Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations (as amended) - Ill Health Retirement**

I write to inform you of the decision of **<Name of Scheme Employer>** on whether or not your Local Government Pension Scheme (LGPS) benefits with the Avon Pension Fund can be paid on the grounds of ill-health.

Following advice received from an independent doctor qualified in Occupational Health Medicine, **<Name of Scheme Employer>** has determined that you qualify for Ill Health Retirement because you are suffering from a condition which makes you permanently incapable of discharging efficiently the duties of your current employment and you have a reduced likelihood of undertaking any gainful employment before your normal pension age.

**INSERT Scheme Employer’s normal wording re dismissing an employee on the grounds of permanent ill health.**

Following the decision to terminate your employment on **<leaving date>**, **<Name of Scheme Employer>** has also determined that as you have no reasonable prospect of undertaking any gainful employment before your normal pension age as a result of your condition you will therefore receive Ill Health Retirement benefits based on the LGPS benefits you have built up plus an enhancement of the pension which you would have built up if your date of leaving had been your normal pension age.

**<Name of Scheme Employer has / I have>** now informed the Avon Pension Fund that you have been awarded Ill Health Retirement and also the enhancement that you are to receive. Avon Pension Fund will write to you with details of the amount of Annual Pension you will receive and also any options you may have to take a cash Lump Sum.

You have the right to initiate a formal appeal in respect of **<Name of Scheme Employer’s>** decision, under the Disagreement Procedure of the LGPS. Any appeal must be made in writing to **<Scheme Employer Appeals Officer Job Title>** at **<Appeals Officer Address>** outlining your reason(s), such as new or unused medical evidence, within 6 months of the date of this letter.

If there is anything you do not understand, or you need any further information, please do not hesitate to contact **<me/Scheme Employer Contact>** ondirect line telephone number **<Direct Phone Number>**, or you can write to **<me/Scheme Employer Contact>** at **<Contact Address>**.

Yours sincerely