**Specimen Letter IHR05**

**Tier 3 – Gainful Employment Review Decision**

Dear **<Name of Member>**

**Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007 (as amended)[[1]](#footnote-1)**

**Local Government Pension Scheme (LGPS) Tier 3 Benefits**

Thank you for **<your letter dated> / <returning Tier 3 - Employment Questionnaire>**

**EITHER – if you determine Member is not in Gainful Employment:**

**<Name of Scheme Employer** **has** **/ I have>** determined that you have not undertaken gainful employment because you have stated that **<insert Either/And/Or below, as appropriate>**

**EITHER** your employment is not paid.

**AND/OR** your employment is for less than 30 hours a week.

**AND/OR** your contract of employment is for less than 12 months.

Under the LGPS Regulations you will continue to receive payment of a Tier 3 Ill Health Retirement pension. This will be paid to you for a maximum of three years from the date you left employment with **<Name of Scheme Employer>** with but must cease if you undertake gainful employment during that time. The LGPS Regulations state that you must inform **<Name of Scheme Employer>** if you undertake employment while you are receiving a Tier 3 pension.

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**<insert section below> IF IT IS LESS THAN 18 MONTHS** **SINCE THE MEMBER LEFT**

If you have not undertaken gainful employment benefits and are still receiving payment ofTier 3 Ill Health Retirement benefits 18 months after you left your employment with **<Name of Scheme Employer>** wewill write to you again at that time to carry out a review of your ability to undertake gainful employment.

**OR – if you determine Member is in Gainful Employment:**

**<Name of Scheme Employer** **has** **/ I have>** determined that you have undertaken gainful employment because you have stated that your employment is paid employment for 30 or more hours a week on a contract of 12 or more months. **<Name of Scheme Employer** **has** **/ I have>** alsodetermined that you undertook gainful employment on **<Employment Start Date>**,which is the date on which you have stated that your employment started. The LGPS Regulations state that payment of your Tier 3 Ill Health Retirement benefit must cease when you undertake gainful employment. **<Name of Scheme Employer** **has** **/ I have>** instructed Avon Pension Fund to stop paying your LGPS benefits from that date.

If, within 3 years of leaving **<Name of Scheme Employer>**, your current gainful employment ceases you may apply to **<Scheme Employer Contact>** at **<Contact Address>** for a review of yourentitlement to payment of LGPS benefits.

**<insert section below> IF THE MEMBER’S GAINFUL EMPLOYMENT STARTED IN THE PAST**

As the date on which you undertook gainful employment is in the pastyou have received an overpayment of Tier 3 LGPS benefits totalling £ **<Gross Amount of Overpayment>** and you will be invoiced for this amount by **<Name of Scheme Employer>**. Please note that you should repay the overpayment of pension promptly. In a situation where an overpayment of pension is not repaid promptly that amount must be reported to HM Revenue & Customs as an ‘Unauthorised Payment’ and the pensioner would be pursued by HM Revenue & Customs for an ‘Unauthorised Payment Tax Charge’. If you wish to reclaim any Income Tax you may have paid on your overpayment of pension you must contact HM Revenue & Customs directly.

You have the right to initiate a formal appeal in respect of **<Name of Scheme Employer’s>** determination, under Avon Pension Fund’s ‘Internal Disputes Resolution Procedure’ (IDRP). Any appeal under IDRP 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,

**<Name of Authorised Officer>**

**<Post of Authorised Officer>**

**<Name of Scheme Employer>**

**<Contact Details>**

1. Statutory Instrument 2007 No. 1166 (as amended) [↑](#footnote-ref-1)