**Specimen Letter IHR 06**

**Tier 3 – 18 Month Review-Initial Enquiry**

Dear **<Name of Member>**

**Local Government Pension Scheme Regulations (as amended)**

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

I am writing to you because your Tier 3 Ill Health Retirement benefits will have been in payment for 18 months on **<Date of Leaving + 18 Months>** and the LGPS Regulations require **<Name of Scheme Employer>** to review your entitlement to continuing payment of your LGPS benefits.

In order to determine your continuing entitlement to Tier 3 Ill Health Retirement benefits, **<Name of Scheme Employer>** needs information from you about your current circumstances. Please complete and return the enclosed **‘Tier 3 18 Month Review Questionnaire’** (form IHR6)as soon as possible.

Please note that payment of your pension will cease if the enclosed form IHR6 **‘Tier 3 18 Month Review Questionnaire’** has not been received by **<Name of Scheme Employer>** by **<Reasonable Period>**

If there is anything you do not understand, or you have any queries about completing the questionnaire, please do not hesitate to contact me on my direct line telephone number which is **<Direct Phone Number>**.

Yours sincerely,

**Specimen Letter IHR 06**

**Tier 3 – Review Questionnaire**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME: |  | | | | | | | | |
| ADDRESS: | |  | | | | | | | |
|  | | | | | | | | | |
| DATE OF BIRTH: | | |  | | | | | N.I. NUMBER: |  |
| TELEPHONE NUMBER: | | | | |  | | | | |
| EMAIL ADDRESS: | | | |  | | | | | |
| NAME OF CURRENT EMPLOYER: | | | | | |  | | | |
| ADDRESS OF CURRENT EMPLOYER: | | | | | | |  | | |
|  | | | | | | | | | |

Are you in Employment?

**Yes –** answer all of the questions below in full

**No –** continue to the ‘Declaration’ section below

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| --- |
|  |

Date your Employment Started:

Is your Employment

Paid

Unpaid

Is your Employment

Permanent/ Continuing

|  |
| --- |
|  |

Fixed Term – due date to cease

|  |
| --- |
|  |

How many hours do you work each week?

**Declaration**

I understand that the Local Government Pension Scheme Regulations require me to answer any enquiries made to me by **<Name of Scheme Employer>** about my employment status and that any pension paid to me during periods when I have been in gainful employment may be recovered. I confirm that the information I have given on this form is correct and understand that the Law requires Avon Pension Fund to share information about my pension with other public bodies under the government’s National Fraud Initiative

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNED: |  | DATE: |  |