**Specimen Letter IHR07**

**18 Month Review Questionnaire Returned**

Dear **<Name of Member>**

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

**Local Government Pension Scheme (LGPS) Tier 3 18 Month Review**

Thank you for returning your completed **‘Tier 3 – 18 Month Review Questionnaire’**.

**EITHER - if you determine that the Member is not in Gainful Employment**

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

**EITHER** - you are not in employment

**AND/OR** - 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

As you are not in gainful employment the LGPS Regulations require **<Name of Scheme Employer>** to consider whether or not you are now medically capable of obtaining gainful employment.

Your case has now been referred to an independent doctor qualified in Occupational Health Medicine. The doctor may write to you requesting your attendance at a medical examination. Please note that if you fail to attend when requested payment of your pension will cease.

When we / I have received advice from the doctor **<Name of Scheme Employer / I>** will write to you with our determination on whether or not you are now medically capable of undertaking 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 **<Gainful 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>** therefore instructed Avon Pension Fund to stop paying your LGPS benefits from **<Gainful Employment Start 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.

**IF GAINFUL EMPLOYMENT STARTED IN THE PAST <insert paragraph below>**

As the date on which you undertake 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)