

CSP(NI)

Civil Service Pensions
(Northern Ireland)

Civil Service Injury Benefits Scheme (NI) [CSIBS(NI)]

APPLICATION FOR A
PERMANENT INJURY AWARD
FOR INJURIES OCCURRING
ON OR AFTER 1 DECEMBER 2005



Department of
Finance

An Roinn

Airgeadais

www.finance-ni.gov.uk

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Introduction

Injury Benefit is a benefit payable to employees of the Northern Ireland Civil Service (NICS) Pension Schemes or organisations covered by the NICS Pension Schemes, who have suffered an impairment to earnings as a result of an injury that has been sustained within the context of one of the qualifying conditions outlined below. The legislation governing the scheme, which is known as the Civil Service Injury Benefits Scheme (NI) [CSIBS(NI)], may be accessed through our website:

www.finance-ni.gov.uk/civilservicepensions-ni

Qualifying Conditions - Rule 1.3

Rule 1.3 except as provided under rule 1.11 benefits in accordance with the provisions of this Part may be paid to any person to whom the Part applies and;

- (i) who suffers an injury in the course of official duty, provided that such injury is wholly or mainly attributable to the nature of duty; or
- (ii) who suffers an injury, other than in the course of official duty, as a result of an attack or similar act which is directly attributable to his being employed, or holding office, as a person to whom the scheme applies; or
- (iii) who contracts a disease to which he is exposed wholly or mainly by the nature of his duty; or
- (iv) who, having been recruited in the United Kingdom, is injured while in an area outside the United Kingdom for the purposes of his employment by an injury which is directly attributable to the existence in or near that area of a state of war, revolution, or serious and widespread internal disturbance, or is a direct result of deliberate acts of the local population or of sporadic political disturbance; or

- (v) who, having been recruited in the United Kingdom, but as a result of having been employed outside the United Kingdom suffers an aggravation of a disease from which he is already suffering, being an aggravation to which he was exposed because of his duty outside the United Kingdom:

except that benefits will not be payable if the said injury or disease, or aggravation, is wholly or mainly due to or is seriously aggravated by his own serious and culpable negligence or misconduct.

Important Note

Injury Benefit is paid when a qualifying injury impairs your earning capacity. Injury Benefit paid under the CSIBS(NI) is **not compensation** for the loss of any mental or physical faculties, or for pain and suffering

i If you feel that you satisfy the above conditions please complete the application form.

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Completing the form

PART 1

This is for you or your representative to provide details/background to the injury for which the application is being made.

When you/your representative have completed pages 3 to 6, the application form should be forwarded to Civil Service Pensions (CSP) at **cspensions@finance-ni.gov.uk**

Important Note

Please note that failure to provide the requested consent in Part 1 will mean that the application will not proceed.

Please do not submit any medical evidence with your initial application. However if you hold any medical evidence you feel would support your application please provide more information in part (v) of the consent form on page 6.

PART 2

CSP will forward the form to the relevant Department/Line Management for them to provide input/comment in relation to the incident(s) for which the application is being made.

When the Department/Line Management have completed pages 7 to 9 of the application form and any additional details being provided should be forwarded to Welfare Support Service at: **welfare@finance-ni.gov.uk** within 15 working days.

PART 3

This is for Welfare Support Service to provide an input/contribution to the application

When Welfare Support Service have completed page 10 they should forward the form and any accompanying documentation to the Occupational Health Service (OHS) at: **Clientservices@nicsohs.gov.uk** within 10 working days.

PART 4

This is for OHS to provide a medical opinion.

On receipt of completed application OHS will contact you for further medical evidence if specified on consent form (part (v)).

When OHS have completed pages 11 to 16 they should forward the completed application form and any accompanying documentation (excluding medical evidence or reports) via secure file transfer Globalscape to Civil Service Pensions.

Decision Process

When the application form is received by CSP an acknowledgement will be issued to you. It is the role of CSP to decide, based on the information and evidence provided, whether entitlement to an award of Injury Benefit has been established. CSP will consider, not simply whether an injury has occurred but whether one or more of the qualifying conditions of rule 1.3 under the CSIBS(NI) have been met.

While this form is intended to be wide ranging it would not be possible to account for every scenario and it may be necessary for CSP to seek further details and/or take further action.

As each application is decided on its own merits, the amount of information required to make an informed decision can vary considerably. Requests to third parties for information can result in some applications taking longer than others to complete. These timeframes are unfortunately out of CSP control. In any case, CSP would hope to be in a position to issue a decision within 10 working days of receipt of the fully completed application form, including the Medical Advisor's assessment.

All personal information submitted to Civil Service Pensions is held in accordance with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 and the Civil Service Pensions Privacy Policy. The CSP Privacy Policy is published on the CSP (NI) website:

www.finance-ni.gov.uk/civilservicepensions-ni

Permanent Injury Application

Please do not submit any medical evidence with this application.

Part 1: To be completed by the applicant

1a: Applicant details:

Your full name:

Date of birth:

Payroll Number:

Your Department / Employer:

National Insurance Number:

Your full office address:

Branch:

Grade:

Date of Injury * :

(* **MUST** be completed)

1b: Qualifications: (summary/standard of education)

1c: Occupational History:

1d: Training:

1e: Nature of injury/illness/condition:

1f: Have you previously suffered from the injury/illness/condition in question prior to the date(s) given above? (please tick one only)

- YES** (please give details below)
 NO

If the application arises from some form of complaint/dispute then CSP will seek supporting evidence of the claims made (such as, but not exclusively, the outcome of an investigation of a formal complaint) to be taken into account when deciding whether an award of Injury Benefit is appropriate. CSP are duty bound to consider all evidence made available to them when considering whether or not an award under the CSIBS(NI) is appropriate.

It should be noted that the Injury Benefit process is not an alternative or complementary to a complaints/grievance/appeals procedure.

1g: Did you lodge a formal complaint/appeal in respect of the incident(s)?

- YES** (please give details below)
 NO

If **YES**, then to whom? (e.g. Line Management, Equal Opportunities etc.)

Please continue to 1h

1h: Please give an account/outline of the background/circumstances giving rise to the injury/illness/condition for which the application is being made.
You may, if you wish, provide additional pages to accompany the application form.



1g: Applicant's Declaration: *(please ensure you have Part 1 fully completed)* :

By ticking this box I declare that I am the person named in Part 1 of this form and that the information provided is true and accurate. I also declare that I am aware that the provision of false information may lead to prosecution.

By ticking this box I declare that I have adhered to the confirmation of identity requirements set out below.

To enable us to verify your identity you must submit a scanned or photographic copy of your driver licence or passport. If you submit your driver licence this will also serve to confirm your address. If you submit your passport to verify your identity you must also submit a photographic copy or scanned copy of a recent utility bill dated within the last three months to confirm your address. These should be submitted with the completed form to:

cspensions@finance-ni.gov.uk

Consent Form

You have applied for an award of Injury Benefit under the CSIBS(NI). In order to consider your application it may be necessary to obtain further information from the following:

- Occupational Health Service
- Welfare Support Service
- Your medical care providers (i.e. your GP, consultant etc.)
- Your Department

Please note that while one or more of these may be approached if it is considered necessary/appropriate this does not indicate that they will be.

I agree to Civil Service Pensions as the administrators of the CSIBS(NI) and/or the Occupational Health Service (OHS) as the medical advisers to the Northern Ireland Civil Service having access to reports and/or records from my Department, Welfare Support Service and or the OHS. I also agree that, if considered necessary/appropriate, the OHS may have access to/or obtain reports and/or records from the sources listed below. In doing so I understand that the information provided will only be used in the processing and/or consideration of my application for an award of Injury Benefit.

(i) **Name of GP:**

Address:

Postcode:

(ii) **Name of Consultant:**

Address:

Postcode:

(iii) **Name of Other** *(Please specify):

Address:

*Other could be psychiatrist,

Postcode:

(iv) **Do you hold any medical evidence which may support your application?**

No

Yes

If Yes please complete Brief Description and Contact Details

Brief Description:

Address (optional):

Telephone No:

(v) **Applicant's Consent:**

By ticking this box I understand that any report or medical information requested by the OHS or their medical advisers will **NOT** be subject to the Access to Personal Files and Medical Reports (NI) Order 1991. I give my consent for my doctor or medical specialist to release such medical reports without delay.

Please ensure Part 1 and this Consent form is complete before you submit it to:

cspensions@finance-ni.gov.uk

Part 2: Departmental / Management Report

(to be forwarded to: welfare@finance-ni.gov.uk within 15 working days)

2a: Last day of service:

2b: Grade on leaving:

2c: Salary on leaving:

(Please include details of allowances etc.)

2d: Contracted Hours on leaving date

If part-time hours, please provide Full Time Equivalent (FTE) salary figure

2e: Summary of main activities: (Please provide job description if available)

2f: Was the applicant carrying out official duties when the accident/incident as described in **Part 1** occurred?

YES

NO (please give details below)

2g: Was the applicant following acceptable safety procedures?

YES

NO (please give details below)

Please continue to 2h CSP
Perm Inj After

Part 2: Departmental / Management Report

2h: Line Management/Department should comment on the background/account given by the applicant in **Part 1** of the application form. Where there is any dispute by Line Management/Department, then all relevant supporting evidence such as witness statements should be provided.

2i: Did the applicant make Line Management/Department aware of the situation/incident that has been described in **Part 1** of this application form?

YES

On what date?

/ /

NO

If **YES** please provide details of any action taken by Line Management/Department?

2j: Did the applicant lodge a complaint/appeal in relation to the incident in question?

YES

On what date?

/ /

NO

If **YES** has the investigation into the complaint/appeal been completed?

YES

On what date?

/ /

NO

Please continue to 2k
CSP Perm Inj After

Departmental / Management Report

2k: Please provide the following information where available.
(The applicant has given consent for relevant details to be supplied.)

- Sick leave record
- Outcome of investigation into complaint/appeal
- Other documentation you feel may be relevant (please detail below)

2l: Completed on behalf of Line Management/Department.

Name:

Grade:

Signature:

Date:

Please ensure that Part 2 has been fully completed and then forward (with any accompanying documentation) to Welfare Support Service at:

welfare@finance-ni.gov.uk

NOTE: The information provided in this Section and any accompanying information will be released at the request of the applicant in accordance with the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018.

Part 3:

Welfare Support Service

(To be forwarded to Occupational Health Service (OHS) at:
Clientservices@nicsohs.gov.uk within 10 working days)

Please note that the applicant has provided consent for CSP to seek reports/comments from Welfare Support Service in the Consent form at Part 1 of this application form.

3a: Did the applicant approach Welfare Support Service about the incident(s) about which application is being made?

YES

NO

If **YES** please provide details below.

3b: Is Welfare Support Service aware of any factors outside work that may be contributing to the injury/illness/condition?

YES

NO

If **YES** please provide details below.

3c: Completed on behalf of Welfare Support Service.

Name:

Grade:

Signature:

Date:

Please ensure that Part 3 has been fully completed and then forward (with any accompanying documentation) to the Occupational Health Service at:

Clientservices@nicsohs.gov.uk

NOTE:

The information provided in this Section and any accompanying information will be released at the request of the applicant in accordance with the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018.

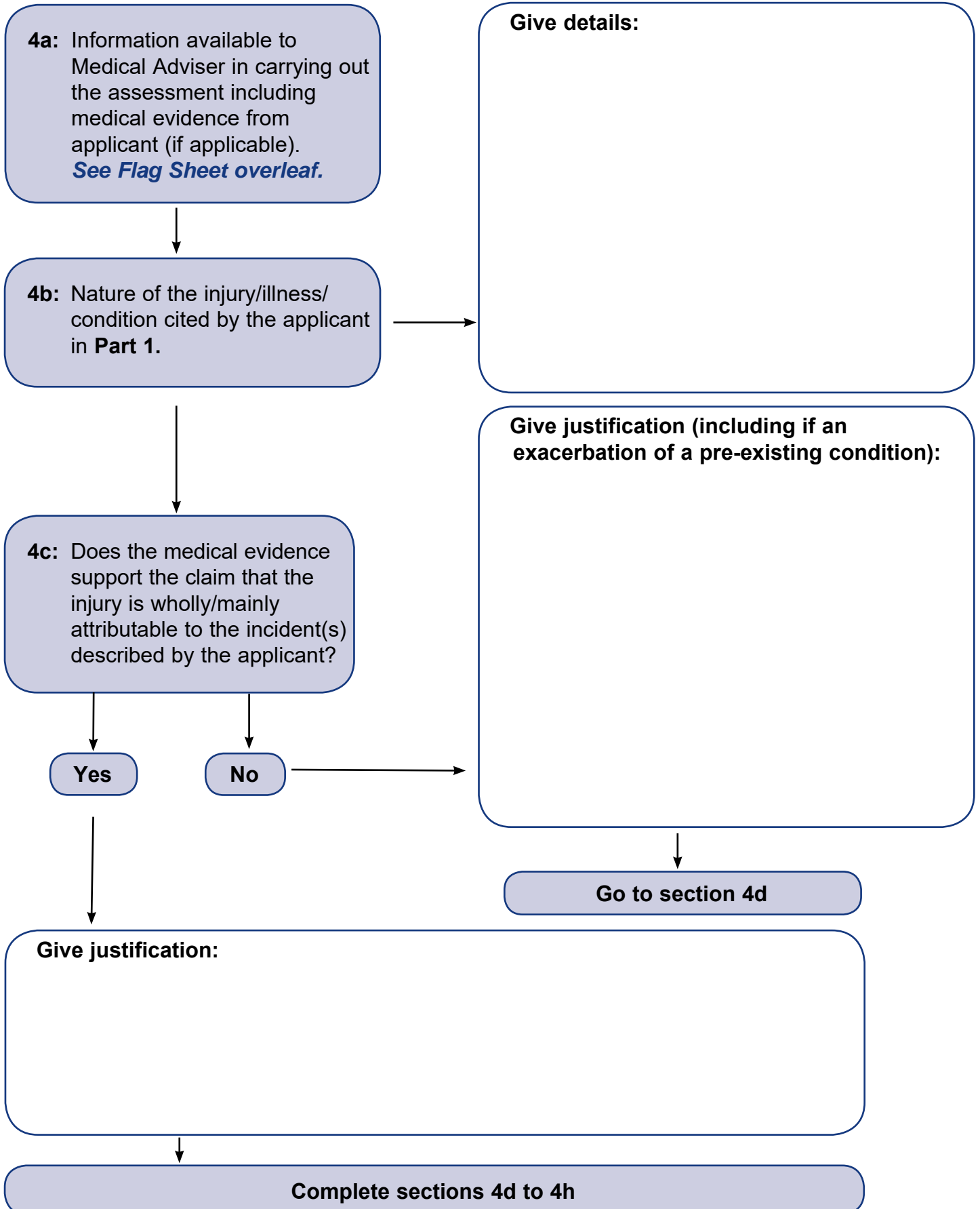
Part 4: The Occupational Health Service (OHS)

For Civil Service Pensions Use Only The relevant scheme is :

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Scheme pension age

You may be required to request medical evidence/reports directly from the individual. See part (V) on consent form on page 6.



Give details:

4a: Information available to Medical Adviser in carrying out the assessment including medical evidence from applicant (if applicable).
See Flag Sheet overleaf.

4b: Nature of the injury/illness/condition cited by the applicant in **Part 1**.

4c: Does the medical evidence support the claim that the injury is wholly/mainly attributable to the incident(s) described by the applicant?

Yes

No

Give justification (including if an exacerbation of a pre-existing condition):

Go to section 4d

Give justification:

Complete sections 4d to 4h

Evidence Checklist for completion by Medical Adviser.

Flag	Documents available	Enclosed ✓
1.	Relevant accident reports and/or accident book entries. If no entry exists please say so and ensure that the date of the injury is clearly stated.	
2.	Personal statement from applicant describing reasons for injury.	
3.	Statement from employer accepting or disputing the applicant's statement including details of disciplinary/grievance procedure and outcome.	
4.	Any witness statements (obtained by either employer or applicant).	
5.	Job description.	
6.	Sickness absence details. Clearly identify the date the absence relevant to the injury started.	
7.	Copies of OHS (as Scheme Medical Advisor) correspondence relating to the case.	
8.	Original medical evidence relating to injury.	
9.	Details of salary on leaving	
10.	Education/past job history - applicable where assessment of impairment of earnings is required (ie permanent award).	
11.	<p>Has further medical evidence been sought?</p> <p style="text-align: center;"> <input type="radio"/> Yes <input type="radio"/> No </p> <p>If no please state why</p>	
Other	Please specify:	

Injury Benefit - Qualifying Injury Medical Statement of Apportionment

4d: Applicant details:

Applicant name:

Date of birth:

Department:

Grade:

National Insurance Number:

4e: I have considered all the relevant medical and other reports about the above.
In my opinion:

Tick 1 of the 3 boxes below

1. The injury is wholly attributable to the incidents described by the applicant; and the illness is more than 90% attributable - (high band)	<input type="checkbox"/>
--	--------------------------

OR

2a. The injury is mainly attributable to the incidents described by the applicant; and the illness is 71-90% attributable - (medium band);	<input type="checkbox"/>
---	--------------------------

OR

2b. The illness is 50-70% attributable - (low band)	<input type="checkbox"/>
---	--------------------------

Summary of reasoning for level of apportionment decision.

Please continue on a separate sheet if necessary

Please continue to 4f

4f: Having considered all the relevant medical and other reports available, I am confident that the applicant will be capable of entering employment before scheme pension age.

Yes

No

Note: If the member is above the scheme pension age, the impairment level should be assessed to one year beyond the date of the assessment (if applicable).

Give Justification

Go to section 4j
(‘Total Impairment’ should be selected within section 4k)

Give Justification

Go to section 4g

4g: In addition to the information above and using the information gathered in Part 1 of the application form (Experience and Qualifications), it is my medical opinion that the applicant would be capable of the following

Occupation

SOC Code

Median Salary

4h: Have pre-existing conditions or external factors affected the occupation selected at 4g?

Yes*

No

4i: Based on medical opinion and all evidence available, I believe that the applicant’s condition is likely to improve before retirement age/age 65.

Yes*

No

* If Yes to 4h or 4i, clinical judgement must be used in order to consider the impact this will have on Earnings Impairment and give detail in the summary of reasoning

Please continue to 4j CSP
Perm Inj After

Injury Benefit Impairment of Earnings Capacity

4j: Applicant details:

Applicant name:

Date of birth:

 /

Department:

Grade:

National Insurance Number:

4k: Based on 4f – 4i, taking into consideration the salary on leaving stated in Part 2 and all relevant evidence available, my estimate of the degree to which the general earnings capacity has been impaired only by the effects of the injuries sustained through the causal incident(s) is:

LEVEL OF EARNINGS IMPAIRMENT		Tick one
Not appreciably affected	10% or Less	
Slight impairment	More than 10% but not more than 25%	
Impairment	More than 25% but not more than 50%	
Material impairment	More than 50% but not more than 75%	
Total impairment	More than 75%	

Summary of reasoning for level of impairment decision.

Please continue on a separate sheet if necessary

Injury Benefit Impairment of Earnings Capacity and Medical Statement of Apportionment

- 4I:**
- (i) This opinion is given in good faith and is based solely upon information provided to me. I confirm that I am a registered medical practitioner authorised by the Northern Ireland Civil Service (NICS) pension schemes.
 - (ii) I am aware that the information provided in Part 4 will be released by CSP in accordance with the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018 if requested to do so by the applicant.

Signature:
Medical Advisor

Name:
BLOCK CAPITALS

Date:

Please Note:

All medical evidence must be retained by OHS

The **FULL** Injury Benefit Application form should be sent to Civil Service Pensions via secure file transfer Globalscape

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(Decision to be issued to applicant within 10 working days of receipt of Medical Advisor's assessment)

This impairment figure is to be used in conjunction with applicant's reckonable service to assess from the table in rule 1.7 of the CSIBS(NI) the percentage of pensionable pay and amount of injury lump sum on which the award is to be based.

Impairment % Reckonable Service

% of pensionable pay from table in rule 1.7

Injury lump Sum from table in rule 1.7

Apportionment of benefits

Where the injury is considered to be mainly rather than wholly attributable, rule 1.9 provides that an apportionment is to apply to both the percentage of pensionable pay on which the annual injury allowance is to be based and the injury lump sum. The degree of apportionment is given in the table below.

*Degree to which the injury is attributable to the duty (see 4e on page 13)	Proportion of the assessment which is now payable
Wholly	100%
Mainly - medium	80%
Mainly - low	60%

Contacting us

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75 Duke Street
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BT47 6FP**

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Email: cspensions@finance-ni.gov.uk

www.finance-ni.gov.uk/civilservicepensions-ni

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Permanent Injury Award Application After 1

December 2005

Designed by Communications Team CSP.