APPENDIX 3

Ill health retirement mutual consent letter (where the employee agrees with the Council decision that they will retire on the grounds of ill health)

**Personal**

Dear

**Ill Health Retirement – Tier 1/Tier 2 (delete as appropriate)**

I write with reference to our meeting on (date) to discuss the practical implications of occupational health’s recommendation concerning your employment situation with the Council. \*At the meeting you were accompanied by (name). \*I was supported by (name).

As occupational health recommended that you be retired on the grounds of ill health in accordance with the Tier 1/Tier 2 provision (delete one option) you were given the opportunity to seek a second medical opinion and to suggest another suitable course of action that could be taken in light of your circumstances. \*You indicated that you did not wish to seek a second medical opinion.

During the meeting, a number of alternative courses of action were considered. These included redeployment or retraining, the possibility of returning to work on lighter duties or on a reduced hours basis and an assessment as to whether a reasonable adjustment could be made to the duties of your substantive post or any other suitable alternative post *(delete as appropriate)*.

You stated that with regard to your personal circumstances, you did not wish to consider any of the above options. This was on the basis that you accepted that the Council had taken all reasonable steps to ensure that these options were given due consideration; you fully accepted occupational health’s recommendation and you wished to be retired on the grounds of ill health.

At that point, it was mutually agreed that your employment would end on grounds of ill health and a declaration form was signed to that effect (copy enclosed). This agreement has been entered into voluntarily by both parties. The legal position was explained to you so that you would understand the reasons for the Council treating your retirement as a consensual ending of employment and to prepare you for receiving this letter, which includes confirmation that you have no right of appeal and no claim against the Council for any matter arising out of the ending of your employment.

I formally confirm that your contract of employment with the Council will end by mutual agreement on health grounds with effect from (date).

In accordance with the Local Government Pension Scheme (Scotland) Regulations 2014 your ill health retirement is under Tier1/Tier 2 (delete one option)

*(Option Paragraph 1)* Tier 1 applies where the employee is deemed permanently incapable of carrying out the duties of their job and where there is no reasonable prospect of the employee obtaining gainful employment before normal pension age. Ill health retirement benefits are paid immediately; with an enhancement based on the member’s ‘Assumed Pensionable Pay’ (APP) and the years and days between the date of leaving and normal pension age, multiplied by 1/49th. Gainful employment is defined as paid employment for not less than 30 hours per week for a period of not less than 12 months.

*(Option Paragraph 2)* Tier 2 applies where the employee is deemed permanently incapable of carrying out effectively the duties of their job but where there is a reasonable prospect of the employee obtaining gainful employment before normal pension age. Ill health retirement benefits will be paid to the employee immediately with an enhancement based on the member’s ‘Assumed Pensionable Pay’ (APP) and one quarter of the years and days between the date of leaving and normal pension age, multiplied by 1/49th. Gainful employment is defined as paid employment for not less than 30 hours per week for a period of not less than 12 months.

You will receive payment in lieu of any untaken leave, subject to any abatement.

I will arrange for the appropriate documentation to be completed to ensure that any outstanding monies are paid to you at the earliest opportunity. Pensions will arrange for you to receive payment of your pension benefits, an estimate and explanation of which was given to you at the meeting.

As was discussed at the meeting, you may be entitled to claim benefits. In order to make an application for benefits, Payroll will send an SSP1 form for you to complete, if you were in receipt of SSP and have not already been issued with one. You may also wish to contact Jobcentreplus on 0800 0556688 for advice on the benefits available. Please note that the Council is not able to provide any advice on qualification for benefits.

I hope that through the meeting and this letter, you have received an adequate explanation of your rights and entitlements as well as the Council’s legal position in this matter. Please do not hesitate to contact me should you have any further queries.

Yours sincerely

cc People and Organisational Development Adviser (for information and to e-mail Occupational Health notifying of ill health retirement)

Pensions Section (attach copy of original Ill Health Retirement Certificate)

HR & Payroll Service Centre (for action and personal file – to attach copy of medical report and ill health retirement certificate)