

Local Government Pension Scheme (LGPS)

Application under the Internal Dispute Resolution Procedure

You can use this form:

- To apply to the nominated person at stage 1 of the internal dispute resolution procedure if you want them to investigate a complaint concerning your pension; and
- To apply to the administering authority if you want them to reconsider a determination made by the nominated person

About the Complaint *(Please fill in this part in all cases)*

Who is the complaint against? The following employer

Cheshire Pension Fund (CPF)

Please specify the stage you are making the application under

Stage One

Stage Two

1. Member's Details *(Please fill in this part in all cases in BLOCK CAPITALS)*

If you are the member (the person who is or was in the Scheme), or a prospective member (a person who is eligible to be a member of the Scheme), please give your details in this box. You can then go straight to box 4.

If you are the member's dependant (for example, their husband, wife or child), please give the member's details in this section, and then go to box 2.

If you are representing the person with the complaint, please give the member's details in this section, and then go to box 3.

Surname:

Forenames:

Title:

NI Number:

Date of Birth:

Address:

Postcode:

Employer:

Employee Payroll No:

2. Dependant's Details *(Please complete in BLOCK CAPITALS)*

If you are the member's dependant and the complaint is about a benefit for you, please give **your** details in this box and then go to box 4.

If the complaint is about a benefit for a dependant and you are the dependant's representative, please give the dependant's details in this box and go to box 3.

Full Name:

Relationship to member:

Date of Birth:

Address:

Postcode:

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3. Representative's Details *(Please complete in BLOCK CAPITALS)*

If you are the member's or dependant's representative, please give your details in this box.

Full Name:

Address:

Postcode:

Whose address should the letters go to:

Yours as representative:

The person you represent:

4. Your Complaint

Please give full details of your complaint in this box. Please try to explain exactly why you are unhappy, giving any dates or periods of Scheme membership that you think are relevant.

If there is not enough space, please go on to a separate sheet and attach it to this form. Remember to write your name and national insurance number at the top of any separate sheet if you are a member. Or, if you are not a member, put the member's name and national insurance number at the top of any separate sheet.

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5. Your Signature

I would like my complaint to be considered and a decision to be made about it. I am a:

Scheme member/former member/prospective member

Dependant of a former member:

Member's representative/dependant's representative

Signed:

Dated:

6. Please enclose a copy of any notification of the decision you are complaining of which has been issued by the employer or administering authority. Also enclose any other letter or notification that you think might be helpful.

7. Appeal against a decision to refuse ill health retirement

If your appeal relates to a refusal to agree ill health retirement the appointed person will require access to relevant records held by the Occupational Health Unit in order to have the full and comprehensive data on which to make a decision. Please therefore delete as appropriate and sign to indicate your consent or refusal to agree the release of these papers.

I agree/do not agree* to the release to the appointed person who will consider my IDR appeal of the medical records relating to my application for ill health retirement which are held by the Council's Occupational Health Unit.

* delete as appropriate

Signed:

Dated:

IMPORTANT: PLEASE KEEP A COPY OF THE COMPLETED FORM FOR YOUR OWN RECORDS.

Please send this form to:

Stage 1 of the internal dispute resolution procedure

If your stage 1 appeal is against your employer please send to the Personnel Department of your current employer in the first instance. They will notify you of the nominated person who will consider your appeal.

If your stage 1 appeal is against the Administering Authority please send the form to the Pension Fund Manager.

Stage 2 of the internal dispute resolution procedure

All Stage 2 appeals should be sent to:

**Pension Fund Manager,
Cheshire Pension Fund,
Cheshire West and Chester Council,
Council Offices,
4 Civic Way,
Ellesmere Port,
CH65 0BE.**