



# OCCUPATIONAL HEALTH GUIDELINES AND ILL HEALTH RETIRAL PROCEDURE

<b>Title</b>	Occupational Health Guidelines and Ill Health Retiral Procedure
<b>Who should use this</b>	All Staff
<b>Author</b>	SAC
<b>Approved by Management Team</b>	
<b>Approved by Joint Board</b>	
<b>Reviewer</b>	Head of Valuation Services
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### Review History

REVIEW NO.	DETAILS	RELEASE DATE
1	Reformed to AVJB Managing Workforce Policy	
2		
3		
4		
5		
6		

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## **Referral to Occupational Health & Ill Health Retiral Procedure**

This guideline document is designed to assist personnel practitioners in the procedure to be used in referring employees to Occupational Health, as follows:

1. Line management notify Board personnel representatives with a request to refer an employee to Occupational Health (OH). Line manager (LM) and/or Board personnel representatives meet with the employee to notify them that they are being referred to OH and that an appointment letter will be sent to them by OH. If the employee is unable to attend the meeting with LM/Board personnel representatives then a home visit might be arranged or if this is not feasible, the employee may be notified by letter.
2. Board personnel representatives complete PER/ME/1, Request for OH Appointment, (appendix 1), ensuring that the necessary attachment is enclosed and forwarded to OH. The attachment is:-
  - Absence record for the last year.
3. On receipt of the above referral to OH form the Occupational Health Adviser (OHA) will assess each case on an individual basis and advise the most appropriate course of action accordingly.
4. OH to send out an appointment letter to the employee.
5. Employee attends OH and if felt that further medical information is required, consent will be gained from the employee to request a report from their GP/Consultant.
6. The Occupational Health Adviser/Physician undertakes a consultation with the employee.
7. Occupational Health sends a report to Board personnel representatives answering any work related questions which have been included in the referral memo/form, including information and advice appropriate to the circumstances and nature of the condition.
8. Board personnel representatives will inform the relevant manager of any impact of a medical condition on the employee's ability to carry out the duties of their job, and of any restrictions/adjustments which are required.
9. In the event that the Occupational Health Physician indicates that they would be willing to support ill health retiral, the procedure detailed below will be followed. In the case where ill health retiral is not an option, but the employee is unable to carry out the full range of duties of their current post, job adjustment or redeployment should be considered. Please refer to the Policy and Procedure for Managing Workforce Change available on the AVJB SharePoint site. At this stage it may be useful to contact the Disability Employment Adviser at Ayr Job Centre tel 666319 for advice on any support mechanisms they may be able to provide. The redeployment process shall extend to a maximum period of 6 months which is considered to be a reasonable period in which to exhaust such efforts. Salary preservation does not apply.

### III Health Retirement

1. Where an employee is being referred to OH, and there are reasonable grounds to believe that this may result in an ill health retirement, Board personnel representatives may request provisional figures from SPFO as this will allow the employee to make a decision on any commutation they may wish to make (appendix 2).
2. Board personnel representatives must meet with the employee (appendix 6) to complete part 1 of form S9, (appendix 4), and the Members Declaration Form, (appendix 5). These forms should be sent out to the employee for completion prior to the meeting which should be held as soon as possible. If the provisional figures from SPFO are available the employee can make a decision on commutation and this forwarded to SPFO as soon as possible as no commutation can be arranged after the retirement date. This meeting should take place before the Occupational Health Physician has made a decision.
3. Where the Occupational Health Physician believes that the employee meets the criteria of ill health retirement then he/she will complete the S18 form, (appendix 3) and forward to Board personnel representatives along with a report on their recommendation.
4. When confirmation is received from the Occupational Health Physician the employee must be informed that they are being retired on grounds of ill health and they have the right to appeal to the Assessor who may question Occupational Health on their recommendation for ill health retiral. This is a legislative requirement under the Employment Act 2002 (Dispute Resolution) Regulations 2004 and associated provisions in the Employment Act 2002.
5. Board personnel representatives forward the S9 to Payroll, see sample letter (appendix 8). The date on the S9 form must correspond to the date on the Members Declaration Form. The completed Members Declaration Form, commutation decision and S18 form must be forwarded immediately to Strathclyde Pension Fund Office.
6. A letter should be sent to the employee with details of termination date, number of weeks in lieu of notice and wishing them well.
7. In cases where the employee wishes to pursue ill health retirement, and the Occupational Health Physician does not support this, Board personnel representatives will inform the employee in writing explaining their right to appeal. The employee should write to the Chief Pensions Officer, SPFO containing a brief history of the claim and the reason why the employee feels there are grounds for an appeal.
8. In support of this ill health retiral procedure it may be useful to refer to the following Board policies that are available on the SharePoint.

Policy and Procedure for Managing Change.

Policy and Procedure for Managing Absence and Improving Attendance



**REFERRAL FOR OCCUPATIONAL HEALTH ASSESSMENT**  
**TO BE COMPLETED BY THE BOARD'S PERSONNEL REPRESENTATIVES [e-mail to**  
**[occupational.health@south-ayrshire.gov.uk](mailto:occupational.health@south-ayrshire.gov.uk)]**

Date received by OHU: \_\_\_\_\_

Received by: \_\_\_\_\_

ALL SECTIONS OF THE FORM ARE MANDATORY  
 IF A SECTION IS NOT APPLICABLE MARK AS N/A

<b>1. EMPLOYEE DETAILS:</b>		
Employee Name:		
DOB:		
Employee No:		
Home Telephone:		
Mobile Telephone:		
Work Telephone:		
Home Address:		
Is the employee currently absent from work?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes specify absence start date:
Has the employee been advised of the referral?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:

<b>2. EMPLOYEE POSITION DETAILS:</b>		
Position Title:		
Section:		
Work Location:		
Line Manager:		
Type of Post (tick box):	<input type="checkbox"/> Permanent <input type="checkbox"/> Contractor <input type="checkbox"/> Sessional	<input type="checkbox"/> Temporary <input type="checkbox"/> Casual
Hours of Post (tick box):	<input type="checkbox"/> Full Time ( <input type="checkbox"/> 37 hours or <input type="checkbox"/> 35 hours) <input type="checkbox"/> Part Time (specify hours per week): _____	
Working Pattern: <i>Specify days of week / shift pattern if outwith normal Monday – Friday working</i>		

<b>3. DESCRIBE THE PRINCIPAL DUTIES OF THE POSITION:</b>
<i>(Job Description may be attached)</i>

#### 4. SUPPLEMENTARY – JOB TASK PROFILE OF EXPOSURE LEVELS

(Tick as appropriate – information from employee line manager or attach Job Description)

Rate of exposure (working day)	Never 0%	Rarely 30%	Frequently Up to 60%	Constantly Over 60%
Fork lift truck:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lone working:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremes of temperature:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift/night work/on-call duties:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision of staff:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer/DSE work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-DSE desk work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ionising radiation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lasers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual handling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling/crouching/kneeling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting/standing/stopping/twisting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching above shoulder height:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing heights – steps ladders:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to hazardous substances (solvents/liquids etc. – specify below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalation exposure to hazardous substances (solvents/liquids etc. – specify below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other hazards – hazardous dirty waste (specify below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working at heights – scaffold/roof work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below):				

<b>5. TRIGGER FOR REFERRAL TO OCCUPATIONAL HEALTH</b>	
(tick all that apply and provide background information below):	
a) Recurrent short term absence – non recurrent cause:	<input type="checkbox"/>
b) Recurrent short term absence – single cause:	<input type="checkbox"/>
c) Long term sickness absence (over 28 days):	<input type="checkbox"/>
d) Health conditions which may be exacerbated by occupational exposure:	<input type="checkbox"/>
e) Investigation of workplace injury / illness:	<input type="checkbox"/>
f) Inability to undertake work tasks:	<input type="checkbox"/>
g) Concerns regarding change in behaviour / performance deterioration (specify further detail below):	<input type="checkbox"/>
h) Request for Physiotherapy:	<input type="checkbox"/>
i) Fitness to attend a fact finding interview / disciplinary hearing:	<input type="checkbox"/>
j) Other (specify fully below):	<input type="checkbox"/>
<b>PROVIDE BACKGROUND INFORMATION WHICH HAS TRIGGERED REFERRAL TO OHU</b>	
<i>(Please provide as much detail as possible and if the employee is absent from work absence history [3 years if available] and start date of current absence <u>must</u> be provided):</i>	

<b>6. QUESTIONS FOR OCCUPATIONAL HEALTH TO ANSWER:</b>	
a) Is the employee fit for work:	<input type="checkbox"/>
b) When will the employee become fit to work:	<input type="checkbox"/>
c) Is the employee likely to have further absences due to this illness:	<input type="checkbox"/>
d) Is the medical problem likely to be caused or made worse by current work activity:	<input type="checkbox"/>
e) Is the Equality Act 2010 likely to apply with regards to a recognised disability:	<input type="checkbox"/>
f) Are there any workplace adjustments required to aid the employee back to work:  <i>If you wish OHU to discuss any recommended support prior to issuing the report please tick here: <input type="checkbox"/></i>	<input type="checkbox"/>
g) Is there an underlying medical condition, which could account for these absences:	<input type="checkbox"/>
h) Does the employee meet the criteria for ill health retiral:	<input type="checkbox"/>
i) Request to OHU to consider an 'Activity for Health' Referral:	<input type="checkbox"/>
j) Any other specific additional questions (please detail below):	<input type="checkbox"/>

7. HR CONTACT DETAILS: (the report will be returned to the person named below)	
Name:	
Department:	
Phone number:	
Referring HR contact signature:	
Date of referral:	

8. REFERRAL PROCESS CHECKLIST (TO BE COMPLETED BY REFERRING MANAGER/BOARD'S PERSONNEL REPRESENTATIVES):	
The referring manager (as named in Section 2 of this form)/Board's Personnel Representatives have discussed the reason for the OH referral with the employee. <i>(This discussion is mandatory to ensure the employee is aware of the referral and reasons for doing so <b>prior</b> to OHU issuing the appointment letter).</i>	<input type="checkbox"/>
I will provide the employee with a copy of this form at their request.	<input type="checkbox"/>
I have completed all relevant sections within this referral form, specifying the particular question(s) which I require OH to answer.	<input type="checkbox"/>
The employee has been made aware that a report answering these questions will be returned to the referring person, a copy of which will be provided to the employee at their request.	<input type="checkbox"/>
I have attached the employee's past sickness absence details for the past 3 years <i>(if available and must be provided for all referrals)</i> including the start date of current absence (if applicable).	<input type="checkbox"/>







# CERTIFICATE OF PERMANENT ILL HEALTH

S18 Mar 15

## ABOUT THIS FORM (to be returned to the member’s employer)

1. **This form is to be completed by the employer’s medical adviser.** The certifying doctor must be approved by Strathclyde Pension Fund. Please ensure that the doctor has this approval.
2. \* “Gainful employment” means “ANY paid employment for not less than 30 hours in each week for a period of not less than 12 months”.

### ABOUT THE MEMBER

Full name

National Insurance number

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Employer

### DOCTOR’S CERTIFICATIONS

I have considered full details of the member’s employment (job description / requirements, etc).

I attach a copy of my summary medical report / assessment, referencing sources of any specialist reports / GP information considered.

I certify that the above member is suffering from a condition that renders them permanently incapable of discharging efficiently the duties of their employment or office because of ill health or infirmity of mind or body.

I further confirm that: **(tick one of the 2 boxes below as appropriate)**

1.0 This person is unlikely, after leaving their current employment, to be able to undertake \* “**gainful employment**” before state pension age **(please now also complete next but one box down below).**

OR

2.0 This person is likely, after leaving their current employment, to be able to obtain \* “**gainful employment**” before their state pension age.

**If you have ticked box number 1.0 above, please complete the following box**

I certify that as a result of their ill health or infirmity, the member is unable to continue in their current job and is unlikely to be capable of taking on any other paid work in any capacity, otherwise than to an insignificant extent before state pension age.

I certify that I am registered with the General Medical Council and hold a diploma in occupational health medicine (D Occ Med) or an equivalent qualification issued by a

competent authority in an EEA State (with 'competent authority' having the meaning given by Section 55(1) of the Medical Act 1983), or I am an Associate, a Member or a Fellow of the Faculty of Occupational Medicine or of an equivalent institution in an EEA State.

I also confirm that I have given due regard to the guidance issued by the Scottish Ministers, that I am independent, not having previously advised or given an opinion on, or otherwise been involved in this case and that I am not acting and have not at any time acted as a representative of the employee, or the employer, or any other party with regard to the employee in question.

Signed and dated

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Full name (please print)

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**ABOUT THIS FORM**

- This form needs to be completed a minimum of **three months** prior to the date of the member’s retirement to ensure that pension benefits are paid promptly
- “ABOUT THE MEMBER” is to be completed by the **employer** / department in all cases
- Part 1 is to be completed by the **member**
- Part 2 is to be completed by the **employer** / department
- Part 3 is only to be completed by the **employer** / department where the member has non CARE LGPS 2015 benefits
- Parts 4 and 5 are only to be completed by the **employer** / department where the member has non CARE LGPS 2015 benefits and their final year’s pay is not the highest of their pays in the last 3 years
- The form must be accompanied by a certificate of permanent ill health (S18)
- **The form should only be returned to us by an employer**

**ABOUT THE MEMBER**

Forename(s)

Surname

National Insurance number

Employer

Department/Service

Job title

Having regard to medical advice I hereby certify that the member’s employer has decided that the member should be retired on ill-health grounds on

Has the member ever paid AVCs?

If the member is still paying AVCs, when will the last payment be?

## EMPLOYER DECLARATION / AUTHORISATION

Is your organisation covered by ill health liability insurance (in which case we will supply a strain on the Fund cost to reclaim from the insurer)?

No/Yes

I confirm the above information and the details in Parts 2 - 5 to be complete and correct, signed (for the employer)

Designation

Dated

Who (name, email and tel no) should SPFO contact, if we have any questions about the information on this form?

## Appendix 5

### **STRATHCLYDE PENSION FUND (SPFO) MEMBER DECLARATION FORM**

Name  
Employer  
Date of Retirement:

NI No:  
Post Number:

Before SPFO can pay any of your pension benefits, we have to check that all your pension benefits added together do not exceed the maximum level set by Her Majesty's Revenue and Customs (HMRC). To do this we need full details of all other benefits that are either currently in payment or that you are entitled to.

Listed below are benefits that we **do not** need to know about on this form:

- State Pension
- State Pension Credit
- Spouse's or Dependant's Pensions
- Pension Benefits that you are not planning to start taking until **after** the date of retirement shown at the top of this form.

Please now answer the following questions:

#### **Question 1: Your other pension benefits**

Ignoring the types of benefit listed above, have you got any other pension rights? You should answer no if you have already transferred these to Strathclyde Pension Fund

If you have answered **NO** to Question 1, please sign the declaration on page 2 of this form. There is no need to answer any further questions.

If you have answered **YES** to Question 1, please continue with Question 2...

Ignoring the types of benefit listed above, are you receiving any pension benefits that came into payment before 6 April 2006?

Yes

No

If **YES**, please confirm the current annual total amount of pension you receive from all sources added together (before deduction of tax). Please write the total amount in the box to the right:

£

#### **Question 3: Pensions that came into payment after 5 April 2006 but before the date of retirement shown on the top of this form**

Ignoring the types of benefit listed above, are you receiving any pension benefits that came into payment after 5 April 2006 **but** before the date of retirement shown on the top of this form?

Yes

No

If **YES**, you should have been provided with a statement from your other schemes that tells you how much of your Lifetime Allowance you have already used up. The statement(s) or copies should be sent back with this form.

**Question 4: Pensions from other sources coming into payment on the same date as your date of retirement (as shown on the front of this form)**

Ignoring the types of benefit listed overleaf, are you due to receive any pension benefits that are due to come into payment **on the same date** as your retirement benefits from Strathclyde Pension Fund? Yes  No

If **YES**, you need to confirm the order in which benefits will be taken from each scheme. This is particularly important if you are likely to exceed your Lifetime Allowance, as the order which benefits are taken will determine which scheme(s) will be responsible for settling any tax liability.

<b><u>Name of Scheme/Policy Number</u></b>	<b><u>Contact Details</u></b>	<b><u>Order in which</u></b>
	<b><u>taken</u></b>	(eg 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> etc)
1. Strathclyde Pension Fund		
2.		
3.		

**Question 5: Enhanced Lifetime Allowance factors and Primary Protection entitlement (for people who exceed the Lifetime Allowance)**

Have you applied for **and been granted** an Enhanced Lifetime Allowance factor or Primary Protection entitlement? Yes  No

If **YES**, please send me a copy of the certificate from HMRC that confirms your entitlement to protection. We cannot apply protection to your benefits without first seeing your certificate.

**Question 6: Transfers made to an overseas scheme**

Have you previously transferred any benefits to an overseas scheme? We only need to know about any transfers that took place on or after 6 April 2006. Yes  No

If **YES**, we need to know the date(s) of the transfer(s) and the amount(s) transferred. Please complete this information on a separate sheet.

**DECLARATION – everybody must complete this section**

The information I have given on this form is correct and complete to the best of my knowledge. **If further tax liability becomes payable because the information I have provided is incomplete, I understand I will be personally liable for the tax charge due and any penalty that HMRC may impose.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**You must complete and return this form BEFORE we can pay any pension benefits to you.**

Changes to Government Tax Rules.

**On the 06.04.2006 the tax regulations relating to pension schemes are changing.**

**How does this affect retiring members?**

- All members who retire after the 05.04.2006 must complete a Strathclyde Pension Fund member declaration form before any pension benefits can be paid out.
- To ensure the efficient administration of this form and to ensure all members receive their correct benefits at retirement without incurring an unnecessary liability for tax, it is essential that this completed form accompany all retirement forms passed to this office.
- Members who retire after 5 April 2006 may be able to commute some of their pension for lump sum. Further details are awaited from the Scottish Public Pensions Agency and a change to the Local Government Pension Scheme Regulations is required before this facility becomes available.

**What are the consequences of failing to provide a completed form together with the retirement form?**

If the attached form is not received in this office and the member retires after 05.04.2006 SPFO will have to pay the member's retirement benefits on the assumption that the member's lifetime allowance has been exceeded; the member's benefits will effectively become an unauthorised payment and an excess charge will be applied to those benefits.

The Strathclyde Pension Fund Liaison Officer is:

George MacIver  
Strathclyde Pension Fund Office  
PO Box 27001  
GLASGOW  
G2 9EW

Telephone Number: 0845 213 0202  
Fax Number: 0141 287 7393  
e-mail: george.maciver@fs.glasgow.gov.uk



## Appendix 6

Dear **NAME**

### Referral to Occupational Health

As you have been referred to Occupational Health, and there may be a possibility of ill health retirement, I would ask you to attend a meeting with myself on **TIME AND DATE** at **LOCATION**. The purpose of the meeting is to explain the ill health retirement procedure (and the commutation if figures are available) Please bring the completed S9 form and the Member Declaration Form with you.

If you wish you may be accompanied by your trade union representative or other person of your choice.

Please confirm with **NAME** that you are able to attend the meeting at the above noted time.

Yours sincerely

**Assessor**

## Appendix 7

Dear **NAME**

### **ILL HEALTH RETIREMENT**

I refer you to your medical examination with Dr **NAME** and write to advise you that he/she has advised Ayrshire Valuation Joint Board, that you are unfit to carry out your duties as a **POST DESIGNATION**.

In accordance with the Employment Act 2002 (Dispute Resolution) Regulations 2004, I would ask you to attend a meeting with myself on **TIME AND DATE** at **LOCATION**. The purpose of the meeting is to explain the ill health retirement procedure.

If you wish you may be accompanied by your trade union representative or other person of your choice.

Please confirm with **NAME** that you are able to attend the meeting at the above noted time.

Yours sincerely

**Assessor**

## Appendix 8



### MEMORANDUM

**Tel:**  
**Fax:**  
**E-mail:**  
**Our Ref:**  
**Your**  
**Ref:**  
**Date:**

**From:**

**To:** Payroll, Financial Services

**Subject:** **NAME:**  
**NI NUMBER:**  
**DOB:**

The above named employee of Ayrshire Valuation Joint Board is retiring on **DATE** from **HIS/HER** post as a **POST DESIGNATION** on ill health grounds.

In this connection, I should be obliged if you could arrange to pay **EMPLOYEE NAME**, **NUMBER OF WEEKS** pay in lieu of notice.

I enclose form S9 to be completed and forwarded to Strathclyde Pension Fund.

Many thanks for your assistance in this matter.

**Assessor**

## Appendix 9

Dear **NAME**

### **ILL HEALTH RETIREMENT**

I refer you to our meeting to discuss your medical examination with Dr **NAME** and write to advise you that he/she has advised Ayrshire Valuation Joint Board that you are unfit to carry out your duties as a **POST DESIGNATION**.

According to Ayrshire Valuation Joint Board's Policies and Procedures, I confirm your retirement is effective from **DATE OF RETIREMENT**. You have the right to appeal to **the Assessor** within 7 days of receipt of this letter if you disagree with this decision. The relevant pension forms have been passed to Finance, who will contact you in due course about your benefits.

I also confirm that you will be paid **NUMBER OF WEEKS** pay in lieu of notice. In addition if you have accrued any annual leave this will be credited to your final salary. This should be paid into your bank account within the next few weeks.

May I take this opportunity to thank you for your service to Ayrshire Valuation Joint Board and previous Local Authority service for over **NUMBER OF YEARS** and hope you enjoy a long and happy retirement.

Yours sincerely

**Assessor**