

Medical Certificate for a Deferred Beneficiary who ceased membership as an employee on or after 1 April 2008 and before 1 April 2014 – England and Wales.

Part A: To be completed by the former Scheme employer

Surname of former employee:

Forenames:

Mr / Mrs / Miss / Ms*

Date of birth:

NI Number:

Home address:

Employer at date of becoming a deferred Scheme member:

Position (post title) at date of becoming a deferred Scheme member:

Nature of employment at date of becoming a deferred Scheme member**:

Date ceased to be an active Scheme member:

Date of application for early payment of deferred benefits:

(*delete as appropriate)

(** please give full description of the requirements of the job and / or attach copy of job description if available)

Part B: To be completed by the approved (1) registered medical practitioner.

Please tick either B1 or B2

I certify that, in my opinion, the person named in Part A

☐

B1: WAS

☐

B2: WAS NOT

at the date of application for early payment of deferred benefits shown in Part A, and on the balance of probabilities, permanently incapable (2), because of ill health or infirmity of mind or body, of discharging efficiently the duties of his / her former employment which gave rise to the deferred benefits in the Local Government Pension Scheme.

If B2 has been ticked please move to Part C of this form.

If B1 has been ticked, please tick B3 or B4

I certify that, in my opinion, as a result of their ill health or infirmity, the person named in Part A

☐

B3: DOES

☐

B4: DOES NOT

have a reduced likelihood of being capable of undertaking (3) other gainful employment (4) within three years of the date of application shown in Part A or, if earlier, before normal retirement age (5).

If B4 has been ticked please move to Part C of this form.

If B3 has been ticked:

I certify that the date the person first became permanently incapable (2), because of ill health or infirmity of mind or body, of discharging efficiently the duties of his / her former employment which gave rise to the deferred benefits in the Local Government Pension Scheme and met the criteria in B3, based on evidence available at that time, was -

B5: [Enter date]

(Note: the date entered can be earlier than, and need not correspond with, the date of the person's application for early payment of deferred benefits, as shown in Part A, and will be used as the date from which the deferred pension benefits will be brought into payment).

If B3 has been ticked and the person named in Part A is under age 55 at the date entered in B5, please tick B6 or B7 (otherwise please move to Part C of this form).

I certify that, in my opinion, the person named in Part A

☐

B6: IS

☐

B7: IS NOT

permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment and, if B6 has been ticked, the date from which he / she became so incapable was -

B8: [Enter date]

(Note: a date entered at B8 can be the same as, or later than, the date entered at B5 and is used to determine the date from which the pension should be increased under Pensions Increase legislation).

Please now complete Part C.

Part C: General statement to be completed by the approved (1) registered medical practitioner.

I am registered with the General Medical Council

AND

I 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

AND

I have given due regard to the guidance issued by the Secretary of State when completing this certificate**.

..... Date:
Signature of independent registered medical practitioner

.....
Printed name of independent registered medical practitioner

Registered medical practitioner's / company's official stamp
(Optional)

(* delete as appropriate)

(** the guidance document, and the supplementary guidance document, are available from the table at

<http://lgpsregs.org/timelineregs/Statutory%20Guidance%20and%20circulars/statguide.htm>)

Explanatory notes to accompany certificate

Meaning of terms used

- (1) The independent registered medical practitioner signing the certificate must have been approved for this purpose by the Pension Fund administering authority.
- (2) 'Permanently incapable' means that the person will, more likely than not, be incapable of discharging efficiently the duties of their former employment with the employer because of ill health or infirmity of mind or body until, at the earliest, their normal retirement age - see (5).
- (3) The independent registered medical practitioner is providing an opinion on the person's capability of undertaking gainful employment based solely on the effect the medical condition has on the ability to undertake gainful employment.
- (4) 'Gainful employment' means paid employment for not less than 30 hours in each week for a period of not less than 12 months. It does not have to be employment that is commensurate in terms of pay and conditions with that of the person's former employment which gave rise to the deferred benefits in the Local Government Pension Scheme.
- (5) 'Normal retirement age' means age 65 [apart from in the case of a small number of protected members who have a normal retirement age of 60 e.g. employees who were transferred to local government from the Learning and Skills Council for England on 1 April 2010].

General – notes for employers

If B2 or B4 have been ticked, the deferred member does not, in the medical opinion of the approved registered medical practitioner, meet the criteria for early release of the deferred pension benefits under the LGPS.

If B1 and B3 have been ticked, the deferred member does, in the medical opinion of the approved registered medical practitioner, meet the criteria for early release of the deferred pension benefits under the LGPS.

The opinion given by the approved registered medical practitioner does not, in itself, give entitlement or otherwise to early release of the deferred pension benefits under the LGPS. Nor should the medical practitioner indicate to the deferred member that such an award will or will not be made. It is for the former employer to make the formal award determination.

These notes were up-to-date when this form was reviewed in June 2019 and are provided for information only. They confer no contractual or statutory rights and in the event of any dispute the appropriate legislation will prevail.

This is a medical certificate provided in respect of a deferred member by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 31 of the Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007 (as amended) and regulation 56 of the Local Government Pension Scheme (Administration) Regulations 2008 (as amended).

Declaration by the Employer (To Be Completed in all Cases)

The Independent Registered Medical Practitioner (IRMP) has declared, in the form of the certificate above that:

- the above-named deferred member is suffering from a condition that renders the member permanently incapable of discharging efficiently the duties of the employment the member was engaged in because of ill-health or infirmity of mind or body

AND

- as a result of that condition the member is unlikely to be capable of undertaking gainful employment before reaching normal pension age, or for at least three years, whichever is sooner.

YES / NO

.

Please tick one box below to indicate your determination in this case:

I therefore agree to the member's request to receive early payment of retirement pension on ill-health grounds

☐

My determination is that the member meets the criteria for early release of the deferred pension benefits from: / /

I am therefore unable to agree to the member's request to receive early payment of retirement pension on ill-health grounds

☐

Signed for the Employer:

Name in block capitals:

Date:

Designation/grade: