

***Medical Certificate for a Deferred Beneficiary who ceased membership as an employee on or after 1 April 1998 and before 1 April 2008 – 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 a copy of the 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 and the person named in Part A is under age 55 at the date of application shown in Part A, please tick B3 or B4**

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

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**B3: WAS**

☐

**B4: WAS NOT**

at the date of application for early payment of deferred benefits shown in Part A, permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment. (Note: the answer to this question is used to determine whether the pension should be immediately increased under Pensions Increase legislation).

**If B1 has been ticked, please also tick B5 or B6**

I certify (3) that, in my opinion, the person named in Part A

☐

**B5: IS** exceptionally ill, with a life expectancy of less than 1 year and

☐

is aware of this

☐

is not aware of this

☐

**B6: IS NOT** exceptionally ill and has a life expectancy of 1 year or more

Please now complete Part C.

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

I do / do not\* attach a copy of my full report / assessment and I certify that:

I have not previously advised, or given an opinion on, or otherwise been involved in this case

AND

I am not acting, and have not at any time acted, as the representative of the person named in Part A, the former employer or any other party in relation to this case

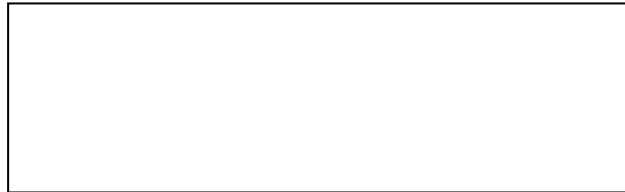
AND

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.

..... 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)

## **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 65<sup>th</sup> birthday (age 70 in the case of former coroners).
- (3) Certification of limited life expectancy of less than 1 year may only be provided by a fully registered person within the meaning of the Medical Act 1983. The full text of the Act can be found at [www.gmc-uk.org/about/legislation/medical\\_act.asp#2](http://www.gmc-uk.org/about/legislation/medical_act.asp#2)

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### **General – notes for employers**

If B2 has 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 has 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.

If B5 has been ticked the Pension Fund administering authority may pay the member a lump sum equal to 5 times the member's annual pension. If such a payment is made this does not constitute a pension input amount for the purposes of the annual allowance test under the Finance Act 2004 as the person meets the 'severe ill health condition' under section 229 of that Act.

*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 97 of the Local Government Pension Scheme Regulations 1997 (as amended) and for the purposes of section 229(4) of the Finance Act 2004.*

### 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

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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: