



North Yorkshire Pension Fund

Ill Health Certificate for a Current Employee

Medical certificate to be provided in respect of a current employee by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 36 of the Local Government Pension Scheme Regulations 2013 and for the purposes of section 229(4) of the Finance Act 2004.

Part A - to be completed by the employer

Personal Details

Employee's full name:			
Title:		Date of birth:	
NI Number:			
Home address & postcode:			

Employment Details

Employer:		
Place of work:		
Nature of employment: (attach job description and full information on requirements of the job)		
Hours of employment: (i.e. whole-time or part-time and, if part-time, show proportion of whole-time hours or weeks)		
Has the employee been working reduced contractual hours and had reduced pensionable pay as a consequence of the reduction in working hours due to their ill health or infirmity of mind or body? (If 'Yes', please attach a statement providing background details e.g. factors that led to the reduction in hours, number of hours by which the employee's hours were reduced, date(s) reduction(s) in hours occurred. This is to assist the registered medical practitioner when answering questions B8/B9).	Yes / No*	*delete as appropriate

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: IS

B2: IS NOT

suffering from a condition that, more likely than not, renders them permanently incapable (2) of discharging efficiently the duties of their employment with their employer because of ill health or infirmity of mind or body.

If B2 has been ticked, please go to Part D.

If B1 has been ticked, please tick B3 or B4 below:

I certify that, because of that ill health or infirmity of mind or body, the employee

B3: IS

B4: IS NOT

immediately capable of undertaking (3) any gainful employment (4).

If B3 has been ticked, please go to Part D.

If B4 has been ticked, please tick one of the following (B5- B7) to indicate which Tier applies.

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

Tier 3

B5: IS LIKELY to be capable of undertaking (3) gainful employment (4) within the next three years (or before their normal retirement age (5), if earlier)

Or

Tier 2

B6: IS UNLIKELY to be capable of undertaking (3) gainful employment (4) within the next three years but **IS LIKELY** to be capable of undertaking gainful employment (4) at some time thereafter and before his / her normal retirement age (5)

Or

Tier 1

B7: IS UNLIKELY to be capable of undertaking (3) gainful employment (4) before his / her normal retirement age (5).

If B6 or B7 have been ticked and the employee has been working reduced contractual hours and had reduced pensionable pay as a consequence of the reduction in working hours (as indicated by the employer in Part A) please tick B8 or B9

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

B8: IS

B9: IS NOT

in part-time service and working reduced contractual hours wholly or partly as a result of the condition that caused or contributed to the member's ill health retirement.

Part C - to be completed by the approved (1) registered medical practitioner

Severe ill health test statement - as required by HMRC

If B5, B6 or B7 have been ticked I further certify that, in my opinion, the employee

B10: DOES **B11: DOES NOT** **satisfy the following statement:**

As a result of their ill health or infirmity, the employee 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 (6) before State pension age (7).

(Note: the answer to this question is used to determine whether or not the person could be subject to a tax charge in accordance with the annual allowance test under the Finance Act 2004).

Please now complete Part D

Part D - general statement to be completed by the approved (1) registered medical practitioner

I do / do not (delete as appropriate) 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 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**.

Signature of independent registered medical practitioner

Practitioner's / company's official stamp (optional)

Printed name of independent registered medical practitioner

GMC reference number

Date

** the guidance document is available at <http://lgpsregs.org/schemeregs/lgpsregs2013.php>

Part E -for completion by the employer

I have considered the medical practitioner's report and all other available information, and I hereby authorise and approve the retirement benefits coming into payment, having determined to terminate the employee's current employment on the grounds of permanent ill health and I agree to the subsequent award of an:

- Enhanced (1st tier) ill health pension, payable for life.
- Enhanced (2nd tier) ill health pension, payable for life.
- Un-enhanced (3rd tier) ill health pension, payable for a maximum of 3 years.

From this date:

I have considered the medical practitioner's report and all other available information, and I hereby decline the payment of ill health early retirement benefits.

- No ill health pension, as the employee does not currently meet the criteria.

Where medical experts (i.e. IRMP/Specialist/Consultant/GP) disagree due to conflicting medical opinion, please document here why your decision is weighted towards one medical opinion over another, in order to comply with Pensions Ombudsman guidance. Please also document here your reasons for awarding a different level of benefit than that recommended in this certificate if you have done so (this includes not awarding an ill health pension where the recommendation is to award it)

Signed by authorised manager:

Date:

Print name:

Job Title:

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 employment with the employer because of ill health or infirmity of mind or body until, at the earliest, their 'normal pension 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 person's 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 current employment.
- (5) 'Normal pension age' means the employee's individual State pension age at the time the employment is to be terminated, but with a minimum of age 65. State pension age was equalised to age 65 in November 2018. State pension age will continue to increase from December 2018 onwards. To determine an individual's State pension age please go to www.gov.uk/state-pension-age.
- (6) 'Insignificant extent' means, for example, that the person could undertake voluntary work or unpaid work where out of pocket expenses are reimbursed or small amounts of travelling or subsistence payments are made. Any paid work should be insignificant, for example it should be infrequent or only for a few days during the year and the payment must be small in amount, not just as a proportion of the pay or salary they are earning in their current job.

General – notes for employers

If B2 or B3 have been ticked, this means that the employee does not, in the medical opinion of the approved registered medical practitioner, meet the criteria for an ill health pension under the LGPS.

If B1, B4 and B5 have been ticked, this means that the employee, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 3 ill health pension under the LGPS.

If B1, B4 and B6 have been ticked, this means that the employee, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 2 ill health pension under the LGPS.

If B1, B4 and B7 have been ticked, this means that the employee, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 1 ill health pension under the LGPS.

The opinion given by the approved registered medical practitioner does not, in itself, give entitlement or otherwise to an ill health award. Nor should the medical practitioner indicate to the employee that such an award will or will not be made.

It is for the employer to make the formal ill health award determination.

If B8 has been ticked (i.e. the employee is in part-time service and working reduced contractual hours wholly or partly as a result of ill health or infirmity of mind or body) the employer can calculate the assumed pensionable pay upon which the member's enhancement to benefits is to be calculated as if the reduction in contractual hours and pay had not occurred.

If B10 has been ticked this means that there is no 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 March 2020 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.