

**Ill Health Certificate for a Deferred Member who left before 1 April 1998**

**Medical certificate to be provided in respect of a deferred member by an independent, approved, duly qualified registered medical practitioner in accordance with regulation D11 of the Local Government Pension Scheme Regulations 1995 (as amended) and for the purposes of section 229(4) of the Finance Act 2004**

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| **Part A - to be completed by the former scheme employer**  **Personal Details**   |  |  |  |  | | --- | --- | --- | --- | | Former employee’s full name: | Click to enter name | | | | Title: | Click to select title | Date of birth: | Click to select date | | NI Number: | Click to enter NI number | | | | Home address & postcode: | Click to enter address | | |   **Employment Details**   |  |  | | --- | --- | | Employer at date of becoming a deferred scheme member: | Click to enter employer name | | Date ceased to be an active scheme member: | Click to select date | | Position (post title) at date of becoming a deferred scheme member: | Click to enter position | | Nature of employment at date of becoming a deferred scheme member  (please give full description of the requirements of the job and / or attach a copy of  the job description if available) | Click to enter details | | Date of application for early payment of deferred benefits: | Click to select date | |

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| **Part B - to be completed by the approved (1) registered medical practitioner**  **Please select either B1 or B2**  I certify that, in my opinion, the person named in Part A    on the balance of probabilities, permanently incapable (2), because of ill health or infirmity of mind or body, of discharging efficiently the duties of their former employment which gave rise to the deferred benefits in the Local Government Pension Scheme.    **If B2 has been selected, please go to Part C.**  **If B1 has been selected**  I certify that the date the person became permanently incapable (2) was  **B3: Click to select date**  and that this was discoverable at that time based on evidence available at that time.  (**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 pension benefits will be payable).  **If B1 has been selected and the person named in Part A is under age 55 at the date entered in B3, please select B4 or B5.**  I certify that, in my opinion, the person named in Part A:    permanently incapable by reason of disability caused by physical or mental infirmity of engaging in anyregular full-time employment and, if B4 has been ticked, the date from which they became so incapable was -  **B6**: **Click to select date**  (**Note:** a date entered at B6 can be the same as, or later than, the date entered at B3 and will be used to determine the date from which the pension should be increased under Pensions Increase legislation).  **If B1 has been selected, please also select B7 or B8**  I certify (3)that, in my opinion, the person named in Part A  exceptionally ill, with a life expectancy of less than 1 year and        exceptionallyill and has a life expectancy of 1 year or more |

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| **Part C - general statement to be completed by the approved registered medical practitioner**  I 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.  Signature of independent registered medical practitioner Practitioner’s / company’s official stamp (optional)  Printed name of independent registered medical practitioner   |  | | --- | | Click here to enter name |   GMC reference number   |  | | --- | | GMC no. |   Date   |  | | --- | | Click here to select date | |

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| **Part D - for completion by the former employer**  I have considered the medical practitioner’s report and all other available information, and I confirm:    **click to select date**. This date should be the same as that entered in B3 above.    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 not following the recommendation provided in this certificate if you have done so.  Click to enter text  Signed by authorised manager: Date:   |  | | --- | |  |  |  | | --- | | Click to select a date. |     Print name:   |  | | --- | | Click to enter name |   Job Title:   |  | | --- | | Click to enter job title | |

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| **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 65th 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)   **General – Notes for employers**  If B2 has been selected, 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 selected, 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 B7 has been selected 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 updated 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. |