

**Ill Health Certificate for a Deferred Member who left on or after 1 April 2008 and before 1 April 2014**

**Medical certificate to be 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).**

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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    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 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, please select B3 or B4.**  I certify that, in my opinion, as a result of their ill health or infirmity, the person named in Part A    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 selected, please go to Part C.**  **If B3 has been selected:**  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 their 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:** **Click to select 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 selected and the person named in Part A is under age 55 at the date entered in B5, please select B6 or B7 (otherwise please move to Part C).**  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 any regular full-time employment and, if B6 has been selected, the date from which they became so incapable was –  **B8**: **Click to select 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). |

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| **Part C - general statement to be completed by the approved 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 any guidance issued by the Secretary of State when completing this certificate, guidance document is available at <http://lgpsregs.org/timelineregs/Statutory%20Guidance%20and%20circulars/statguide.htm>  Signature of independent registered medical practitioner Practitioner’s / company’s official stamp (optional)  Printed name of independent registered medical practitioner   |  | | --- | | Click to enter name |   GMC reference number   |  | | --- | | GMC no. |   Date  Click 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 B5 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 date  Print name: Job title:   |  |  |  | | --- | --- | --- | | Click to enter name |  | 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 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 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 and B3 have 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.**  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. |