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| **Member of LGPS with a Deferred Pension who ceased membership as an employee on or after 1 April 2014**  **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 36 of the Local Government Pension Scheme Regulations 2013.** |
| **Part A: To be completed by the former Scheme employer**  Full name of former employee:  Mr / Mrs / Miss / Ms\*  Date of birth:  NI Number:  Home address:  Post code:    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:  (\*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: **IS**  B2: **IS NOT**  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: **IS** B4: **IS NOT**  unlikely to be capable of undertaking *(3)* gainful employment *(4)* before reaching normal pension age *(5)*, or for at least three years, whichever is the sooner.  **If B4 has been ticked please move to Part C of this form.**  **If B3 has been ticked and the person named in Part A is under age 55, please tick B5 or B6 (otherwise please move to Part C of this form).**  I certify that, in my opinion, the person named in Part A  B5: **IS** B6: **IS NOT**  permanently incapable by reason of disability caused by physical or mental infirmity of engaging in anyregular full-time employment.  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 statutory 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 is available at <http://www.lgpsregs.org/index.php/dclg-publications/dclg-stat-guidance>) |
| **Explanatory notes to accompany certificate**  **Meaning of terms used**   1. The IRMP - independent registered medical practitioner - signing the certificate must have been approved for this purpose by Pension Manager at Oxfordshire Pension Fund – the 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 pension age’ - see *(5)below*. 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 pension age’** means the employee’s individual State pension age at the time the deferred benefit is to be brought into payment, but with a minimum of age 65. 6. 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   <http://www.pensionsadvisoryservice.org.uk/state-pensions/know-your-state-pension-age>  **----------------------------------------------------------------------------------------------------------------**  **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.**  If the former employer agrees to bring the deferred pension into payment early, the pension is payable from the date of the former employer’s determination that the member meets the criteria for early release of the deferred pension benefits under the LGPS (**and not from the date of the member’s application** for early payment or from the date the IRMP signs this certificate).  *These notes were up to date when the 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.* |
| |  |  | | --- | --- | | |  | | --- | | **Part D: To be completed by the former employer to confirm the decision on whether to release the deferred pension early on permanent ill health to the member named in part A** |     Name of former employer: ……………………………………………………………………………………..  This authority has  • obtained a certificate as required following a member’s request under regulation 38, and has  • taken this into consideration when deciding to agree to the early payment of pension on the grounds that  ‘ill health or infirmity of mind or body renders him/her permanently incapable of discharging efficiently the duties of his former employment’ and ‘he/she is unlikely to be capable of undertaking ‘gainful employment’ before ‘normal retirement age’, or for at least three years, whichever is the sooner.’  Tick box D1 or D2:  **D1. I do**  **D2. I do not**  authorise payment of pension from …. /……../………………  (Regulation 32(10) Date the pension payable determined by employer, when criteria for ill health is met, not the date of the member application or the date of the medical opinion)  I confirm I have informed the member of the decision and of the right of appeal  I enclose a copy of the medical assessment report  Signature (for and on behalf of employer):  Date:  Print Name of Authorised Signatory:  Please send this entire certificate / notice when decisions made to Pension Services, Oxfordshire Pension Fund, 4640 Kingsgate, Cascade Way, Oxford Business Park South, Oxford, OX4 2SU |   As the Administering Authority of the Fund we hold securely, certain information about members (“personal data”), which we need to administer the Fund. The information is provided by the member and the fund employer. If the member believes the information we hold is incorrect contact Pension Services.  More details and the full privacy notice on www.oxfordshire.gov.uk/cms/content/administration-and-performance  You are welcome to contact Pension Services with any questions about how we use and or share information, find out more about your rights or to see what information we hold. |