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| **Medical certificate to use for a member with a deferred pension 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).** |
| * Parts A and C to be completed by the former employer
* Part B to be completed by the approved Independent Registered Medical Practitioner (IRMP)
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| **Part A: To be completed by the former Scheme employer** |
| Full Name: Mr / Mrs / Miss / Ms\* *(delete as appropriate)* Date of birth: NI Number: Home address:  Former Employer: Former position *(post title)*: Date left former position: Date of application for early payment of deferred benefits: Nature of former employment *(Please give full description of the requirements of the job or attach a copy of the Job Description if available)*      |
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| **Meaning of Terms**1. The IRMP signing the certificate must have been approved for this purpose by the Pension Services Manager at Oxfordshire Pension Fund.
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 Date *(see note 5 below)*.
3. The IRMP 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 (whether in local government or elsewhere) 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 which gave rise to the deferred benefits in the LGPS.
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).
6. The answer to this question will determine whether or not the pension will be immediately increased under Pensions Increase legislation. If B5 is ticked, the pension will be subject to immediate increase.
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| **Part B: To be completed by the approved** *(see guidance note 1)* **registered medical practitioner. Please provide your opinion on the person named in part A’s capability of undertaking gainful employment and their previous employment, based solely on the effect of the medical condition.** |
| **Please tick either B1 or B2** I certify that, in my opinion, the former employee, 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 *(see meaning of terms note 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 (LGPS).**If B2 has been ticked please move to Independent Registered Medical Practitioners Statement** **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 AB3: **[ ]  DOES**  B4: [ ]  **DOES NOT** Have a reduced likelihood of being ‘capable of undertaking other gainful employment’ *(see meaning of terms note 4*) within three years of date of application shown in Part A or, if earlier, before ‘normal retirement age’ *(see meaning of terms note 5)*.**If B4 has been ticked please move to Independent Registered Medical Practitioners Statement.****If B3 has been ticked:** I certify that the date the person first became permanently incapable 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 LGPS and met the criteria in B3, based on evidence available at that time, was

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| B5:  | D | D | M | M | Y | Y | Y | Y |

(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. At the end of this review and subject to the employer decision this date will be used as the date from which the pension benefits will be payable)  |
| **If B1 has been ticked and the person named in Part A is under age 55 at the date shown in B5, please tick B6 or B7**I certify that, in my opinion, the person named in Part AB6: [ ]  **IS** B7: [ ]  **IS NOT**permanently incapable by reason of disability caused by physical or mental infirmity of engaging in **any** regular full-time employment *(see meaning of terms note 6)* and, if B6 has been ticked, the date from which he / she became so incapable was:

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| B8:  | D | D | M | M | Y | Y | Y | Y |

(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). |
| **Independent Registered Medical Practitioners Statement**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 an equivalent institution of an EEA state. **and**
* I have given due regard to the guidance issued by the Secretary of State when completing this certificate (the latest versions of the guidance document, and the supplementary guidance document, are available from the table at

<http://lgpsregs.org/timelineregs/Statutory%20Guidance%20and%20circulars/CLG_IHGuide_June2011updated2014.pdf> Date: Signature of independent registered medical practitioner Printed name of independent registered medical practitionerRegistered medical practitioner’s / company’s official stamp |

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| **Employer Guidance Notes**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. These notes were up-to-date when this form was updated in March 2014 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 C: To be completed by the former employer to confirm the decision whether to retire the employee named in part A on ill Health** |
| **Name of employer:** This authority has obtained a certificate as required following a members request under regulation 31, 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 has a reduced likelihood of obtaining any gainful employment before normal retirement age, or for at least three years, whichever is the sooner.’ **Tick box C1 or C2:**[ ]  **C1.** **I do** [ ]  **C2. I do not**authorise payment of pension from the date confirmed in B5.I confirm I have told the member about the right of appeal.I enclose a copy of the medical assessment reportSignature *(for and on behalf of employer)*: Date: Print Name of Authorised Signatory: Please send this entire certificate / notice of and decisions, securely, to Pension Services, Oxfordshire Pension Fund, 4640 Kingsgate, Cascade Way, Oxford Business Park South, Oxford, OX4 2SU Or scan to attach with secure email to pension.services@oxfordshire.gov.uk  |