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| *Medical certificate for a member with a deferred pension provided for use by an approved (see meaning of terms note 1) Independent Registered Medical Practitioner (IRMP) in accordance with regulation 97 of the Local Government Pension Scheme Regulations 1997 (as amended) and for the purposes of section 229(4) of the Finance Act 2004.* |
| * Parts A and C to be completed by the employer * Part B to be completed be the approved IRMP |
| **Part A: To be completed by the former scheme employer** |
| Former member’s Full Name:  Mr / Mrs / Miss / Ms / :  Date of birth:  NI Number:  Home address:    Date left scheme or employment and became a deferred member:  Employer at date of becoming a deferred member:  Position (post title) at date of becoming a deferred member:  Nature of employment at date of becoming a deferred member (*please give a full description of the requirements of the job and / or attach a copy of the job description if available)*:    Date of application for early payment of deferred benefits: |

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| **Meaning of Terms**   1. The IRMP signing the certificate must have been approved for this purpose by the 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 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) |
| **Part B: To be completed by the approved** *(see guidance note 1)* **registered medical practitioner.** |
| **Please tick either B1 or B2**  I certify that, in my opinion, the employee 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 the Independent Registered Medical Practitioners Statement on page 3.**  **If B1 has been ticked and the person named in part A is under age 55 at the date of application shown in Part A, please tick B3 or B 4**  I certify that, in my opinion, the person named in Part A  B3: **WAS** B4: **WAS NOT**  at the date of application for early payment of deferred benefits shown in Part A, permanently incapable by reason of disability caused by physical or mental infirmity of engaging in anyregular full-time employment.  (Note: the answer is used to determine whether the pension should be immediately increased under Pensions Increase legislation). |
| **If B1 has been ticked, please tick B5 or B6**  I certify *(meaning of terms note 3)* that, in my opinion, the person named in Part A  **B5: IS exceptionally ill, with a life expectancy of less than 1 year and**  **is not / is \* aware of this. *(\*delete as appropriate)***  **OR**  **B6: IS NOT exceptionally ill and has a life expectancy of 1 year or more.** |
| Approved Independent Registered Medical Practitioners Statement 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.   Printed name of approved independent registered medical practitioner:  Signature of approved independent registered medical practitioner:  Date:  Registered Medical Practitioner’s / company’s official stamp and address |

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| **Employer Guidance Notes**  If B2 has 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 has 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 B5 has been ticked 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 2016 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** |
| Name of employer:  This employing authority has gathered relevant information and obtained a certificate (as required under regulation 97) following a members request for ill health retirement (under regulation 31) and has taken this into consideration when deciding whether to agree to the early payment of pension on the grounds the member has become permanently incapable of discharging efficiently the duties of that employment because of ill-health or infirmity of mind or body.  **Tick box C1 or C2:**  **C1.** **I do**  **C2. I do not**  authorise payment of pension from (date of application)  I confirm I have told the member about the right of appeal and have attached copies of any formal notification of this decision  Signature *(for and on behalf of employer)*:  Date:  Print Name of Authorised Signatory:  Please send the whole certificate/notice to Pension Services, Oxfordshire Pension Fund, 4640 Kingsgate, Cascade Way, Oxford Business Park South, Oxford OX4 2SU  Or scan and include in secure email to [pension.services@oxfordshire.gov.uk](mailto:pension.services@oxfordshire.gov.uk) |