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| Medical Certificate 7:3rd tier review Pensioner left employment after 31 March 2014 - review taking place 18 months after date of cessation of employment and before normal retirement age, pension still in payment.  **Parts A and C to be completed by former employer**  **Part B to be completed by the approved Independent Registered Medical Practitioner (IRMP)** |
| **Part A**  For former employer to complete |
| Surname of former employee:  Forenames:  Title: Mr / Mrs / Ms / Miss / other  Date of birth:  NI Number:  Home address:    Employer at date became a tier 3 ill health pensioner:  Position (post title) at date became a tier 3 ill health pensioner:  Nature of employment at date became a tier 3 ill health pensioner\*\* - Please give full description of the requirements of the job and / or attach a copy of the job description, if available:        Date of leaving:  The person named above was, at the date of cessation of their former position, certified as being permanently incapable (2) of discharging efficiently the duties of his / her employment with his / her employer because of ill health or infirmity of mind or body, and that, although not immediately capable at that time of undertaking other gainful employment (3), it was nevertheless likely that he / she would be capable of undertaking gainful employment (3) within 3 years of the date of cessation of employment (or by his / her normal pension age (1), if earlier).  He / she was awarded a short-term, reviewable, 3rd tier pension.  It is now necessary to review, in accordance with regulation 37 of the Local Government Pension Scheme Regulations 2013, whether, and if so when, the above named will be likely to be capable of undertaking (5) gainful employment (3).  (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 *(see guidance notes to the meaning of terms 4)* IRMP.** The IRMP signing the certificate can be the same IRMP who originally certified the scheme member’s 3rd tier ill health. |
| **Please tick either B1 or B2**  I certify that, in my opinion, having considered their ill health or infirmity, the person named in Part A  B1: **IS STILL** **LIKELY** to be capable of undertaking *(5)* gainful employment *(3)* within three years of the date of leaving shown in Part A (or by their normal pension age *(1)*, if earlier)  B2: **IS UNLIKELY** to be capableof undertaking *(5)* gainful employment *(3)* within three years of the date of leaving shown in Part A but is likely to be able to undertake *(5)* gainful employment *(3)* at some point thereafter and is permanently incapable *(2)* of discharging efficiently the duties of the employment they were undertaking at the date of leaving shown in Part A and which gave rise to the tier 3 ill health pension.  **If B2 has been ticked please move to IRMP General Statement of this form.**  **If B1 has been ticked, please tick B3 or B4 then move to IRMP General Statement of this form.**  I certify that, in my opinion, the person named in Part A  B3: **IS CURRENTLY** capable ofundertaking *(5)* gainful employment *(3)*.  B4: **IS NOT CURRENTLY** capable of undertaking *(5)* gainful employment *(3)* but is likely to be able to do so by  [Enter a date up to a maximum of the day preceding the third anniversary of the date of leaving shown in section A]. |
| **IRMP general statement**  I do / do not *(delete if appropriate)* attach a copy of my full report / assessment and I certify that:   * 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 <http://www.lgpsregs.org/index.php/dclg-publications/dclg-stat-guidance>)     Date:  Signature of independent registered medical practitioner *(see guidance note 6)*    Printed name of independent registered medical practitioner *(see guidance note 6)*  Registered medical practitioner’s / company’s official stamp  (Optional) |
| **Guidance on the meaning of terms used**  **(1) ‘‘Normal pension age’ means the employee’s individual State pension age at the time the benefit is to be brought into payment, but with a minimum of age 65. State pension age is currently age 65 for men.** 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>  **(2) ‘Permanently incapable’ means that the person was, more likely than not, 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 (1).**  **(3) ‘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.**  **(4) Oxfordshire Pension Fund must have approved the independent registered medical practitioner signing the certificate for this purpose.**  **(5) 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.**  **(6) The independent registered medical practitioner signing the certificate does not have to be a different independent registered medical practitioner to the one who originally certified the scheme member’s permanent incapacity at the date of leaving i.e. the same practitioner can sign this certificate too.**  **General Notes for employers**  **If B1 and B3 are ticked, the former employer can determine to cease payment of the pension (or can determine to continue payment, for so long as the person is not in gainful employment (3), up to a maximum period of 3 years from the date of leaving shown in Part A or to the date the person attains normal pension age (1), if earlier).**  **If B1 and B4 are ticked, the former employer can determine to continue payment, for so long as the person is not in gainful employment (3), up to the date the independent registered medical practitioner has said that the person is likely to be capable of undertaking gainful employment (3) or to the date the person attains normal pension age (1), if earlier (or can determine cease payment of the pension; or can determine to continue payment, for so long as the person is not in gainful employment (3), up to a maximum period of 3 years from the date of leaving shown in Part A or to the date the person attains normal pension age (1), if earlier).**  **If B2 has been ticked the former employer can determine to award an enhanced (tier 2) ill health pension, payable from the date of their determination. If they do so, there is no pension input amount for the purposes of the annual allowance test under the Finance Act.**  **The opinion given by the approved registered medical practitioner does not, in itself, determine the cessation or otherwise of a benefit under the LGPS. Nor should the medical practitioner indicate to the individual that a benefit under the LGPS will or will not be payable. It is for the former employing authority to make the formal determination.**  **Personal information**  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.  *These notes were up-to-date when this form was updated 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.* |

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| **Part C: To be completed by the former employer.**  **Please show your decision:**  **tick either C1, C2 or C3 in section below:**  **then send the full certificate to**  **Pension Services,**  **Oxfordshire Pension Fund,**  **4640 Kingsgate,**  **Cascade Way,**  **Oxford Business Park South,**  **Oxford,**  **OX4 2SU**  **or scan and attach to email securely to pension.services@oxfordshire.gov.uk** |
| **I have obtained the opinion of the IRMP as required under these regulations and I have decided:**  **C1:** The member is still likely to be capable of undertaking (5) gainful employment (3) within three years of the date of leaving employment,(or by their normal pension age *(1),* if earlier) but is not currently capable of undertaking gainful employment. The pension for the member mentioned in part A will continue in payment until     |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y |  |   (enter a date to reflect your decision on capability or at the latest, the day before the third anniversary of the date the member left their former employment, if before their normal pension age. Suspend payment of the pension from the date shown, unless the member declares capability before the date shown.)  **C2:** The member is currently capable of undertaking gainful employment. I instruct Pension Services to suspend the pension for the member mentioned in part A from   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y |  |   until they reach normal retirement age *(see guidance note 1)*.  **C3:** The member is unlikely to be capable of undertaking *(5)* gainful employment *(3)* within three years of the date of leaving shown in Part A, but is likely to be able to undertake (5) gainful (3) employment at some point thereafter and is permanently incapable (2) of discharging efficiently the duties of the employment they were undertaking at the date of leaving and which gave rise to the tier 3 ill health pension. The pension for the member mentioned in part A will be enhanced to a 2nd tier ill health from the date of this, my determination, which is     |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | D | D | M | M | Y | Y | Y | Y |  |   I can confirm the member has been informed, in writing of this decision, (letter dated …… ) I have given notice of their right of appeal, and where applicable, explained the reason for the decision.  Signature *(for and on behalf of employer)*:  Date:  Print name of authorised signatory: |
| *Medical certificate provided by an approved Independent Registered Medical Practitioner (IRMP) in accordance with regulation 37 of the Local Government Pension Scheme Regulations 2013 for a* ***current*** *3rd tier pensioner with pension currently in payment and review taking place 18 months after leaving employment and before normal pension age (see guidance on the meaning of terms note 1)* |