

**3rd Tier III Health Retirement Review Certificate**

for a Current 3rd Tier Pensioner where the cessation of employment occurred before 1 April 2014. England and Wales: The review taking place 18 months after the date of cessation of employment (and before normal retirement age (1)).

**PART A: To be completed by the employer****1. Personal Details**

Title		Sex		Date of Birth	
Surname					
Forename(s)					
National Insurance No.					
Address					
Telephone Number					
Email Address					

**2. Employment Details**

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 attach job description and full information on requirements of the job)	
Date of leaving	

The person named above was, at the date of cessation of their former position, certified as being, on the balance of probabilities, 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 having a reduced likelihood of being capable of undertaking other gainful employment (3) before their normal retirement age (1), 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 retirement 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 20 of the Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007, whether he / she is still capable of undertaking (5) gainful employment (3) within 3 years of the date of cessation of employment (or by his / her normal retirement age (1), if earlier).

**PART B: To be completed by the approved (4) registered medical practitioner**

**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**       **B2: IS NOT**

**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 retirement age (1), if earlier).

(Note: the answer to this question is used purely to determine whether the former employer can determine to uplift the person from a tier 3 to a tier 2 benefit at the 18 month review).

**If B2 has been ticked please move to Part C of this form.**

**If B1 has been ticked, please tick B3, B4 or B5**

I certify that, in my opinion, the person named in Part A

**B3: IS STILL** suffering from the condition that rendered him / her, at the date of ceasing employment, permanently incapable (2) of discharging efficiently the duties of his / her employment because of ill health or infirmity of mind or body and, as a result of that condition, he / she still has a reduced likelihood of being capable of undertaking (5) any gainful employment (3) before reaching his / her normal retirement age (1).

**B4: IS STILL** suffering from the condition that rendered him / her, at the date of ceasing employment, permanently incapable (2) of discharging efficiently the duties of his / her employment because of ill health or infirmity of mind or body but, as a result of that condition, he / she does not now have a reduced likelihood of being capable of undertaking (5) any gainful employment (3) before reaching his / her normal retirement age (1).

**B5: IS NOT STILL** suffering from the condition that rendered him / her, at the date of ceasing employment, permanently incapable (2) of discharging efficiently the duties of his / her employment because of ill health or infirmity of mind or body.

**If B3, B4 or B5 have been ticked, please tick B6 or B7, then complete Part C**

I certify that, in my opinion, the person named in Part A

**B6: IS** currently capable of undertaking (5) gainful employment (3).

**B7: IS NOT** currently capable of undertaking (5) gainful employment (3).

**PART C: General statement to be completed by the approved (4) registered medical practitioner.**

I do / do not\* (\* delete as appropriate) attach a copy of my full report / assessment and I certify that:

I am registered with the General Medical Council and my GMC registration number is.....

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. I enclose evidence of the relevant qualification as referred above. (Please note you only need to provide this for the first case you advise on for a member who is part of the LGPS with Wiltshire Pension Fund). I am aware that the scheme employer will submit the qualification evidence to Wiltshire Pension Fund to retain on file.

AND I have given due regard to the guidance issued by the Secretary of State when completing this certificate\*\*.

.....  
Signature of independent registered medical practitioner (6)

Date: .....

.....  
Printed name of independent registered medical practitioner (6)

Registered medical practitioner's / company's official stamp  
(Optional)

\*\* the guidance document, and the supplementary guidance document, are available from the table at:

<http://timeline.lge.gov.uk/Statutory%20Guidance%20and%20circulars/statguide.htm>

## Explanatory notes to accompany certificate

### Meaning of terms used

(1) '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].

(2) 'Permanently incapable' means that the person was, more likely than not, incapable of discharging efficiently the duties of their employment with the employer because of ill health or infirmity of mind or body until, at the earliest, their normal retirement 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) The independent registered medical practitioner signing the certificate must have been approved for this purpose by the Pension Fund administering authority.

(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 B2 is ticked, the former employer can determine to award an enhanced (2nd tier) ill health pension, payable from the date of their determination.

If B2 has been ticked and the former employer determines to award an enhanced (2nd tier) ill health pension, payable from the date of their determination, there is no pension input amount for the purposes of the annual allowance test under the Finance Act.

If B3 or B4 or B5 and B6 have been ticked, the 3rd tier ill health pension will cease to be payable.

If B3 or B4 or B5 and B7 have been ticked, the 3rd tier ill health pension will continue in payment but must cease after it has been in payment for three years (unless the person reaches normal retirement age (1) before then or the pension is stopped before then upon the person obtaining gainful employment).

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.

*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.*

*This is a medical certificate provided by an independent, approved, duly qualified registered medical practitioner in respect of a 3rd tier pensioner whose pension is currently in payment in accordance with regulation 20 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).*

**Please email the completed form to [pensionforms@wiltshire.gov.uk](mailto:pensionforms@wiltshire.gov.uk)**