

**III Health Medical Certificate for a Current Employee**

To complete this form, you must be an authorised contact on behalf of the employer. If not, there may be a delay in your request.

**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					
Partnership Status					

**2. Employment Details**

Employer Name	
Payroll Number	
Place of Work	
Nature of employment (job description and full information on requirements of the job are attached)	
Hours of employment (i.e. whole-time or part-time and, if part-time, show proportion of whole-time hours or weeks)	
Has the employee been working reduced contractual hours and had reduced pensionable pay as a consequence of the reduction in working hours due to their ill health or infirmity or mind or body? **	

\*\* If 'Yes', please attach a statement providing background details e.g. factors that led to the reduction in hours, number of hours by which the employee's hours were reduced, date(s) reduction(s) in hours occurred. This is to assist the registered medical practitioner when answering questions B8/B9

**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 employee named in Part A

B1: IS       B2: IS NOT

suffering from a condition that, more likely than not, renders him / her 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

**If B2 has been ticked please move to Part D of this form, otherwise please tick B3 or B4.**

I certify that, because of that ill health or infirmity of mind or body, the employee

B3: IS       B4: IS NOT

immediately capable of undertaking (3) any gainful employment (4).

**If B3 has been ticked please move to Part D of this form, otherwise please indicate which one of the following (boxes B5 to B7) applies.**

I certify that, in my opinion, as a result of that ill health or infirmity the employee named in Part A:

B5: **IS LIKELY** to be capable of undertaking (3) gainful employment (4) within the next three years (or before his / her normal pension age (5), if earlier). **(TIER 3)**

OR

B6: **IS UNLIKELY** to be capable of undertaking (3) any gainful employment (4) within the next three years but **IS LIKELY** to be capable of undertaking gainful employment (4) at some time thereafter and before his / her normal pension age (5). **(TIER 2)**

OR

B7: **IS UNLIKELY** to be capable of undertaking (3) gainful employment (4) before his / her normal pension age (5). **(TIER 1)**

**If B6 or B7 have been ticked and the employee has been working reduced contractual hours and had reduced pensionable pay as a consequence of the reduction in working hours (as indicated by the employer in Part A) please tick B8 or B9**

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

B8: IS       B9: IS NOT

in part-time service and working reduced contractual hours wholly or partly as a result of the ill health or infirmity of mind or body that has caused him / her to be permanently incapable of discharging efficiently the duties of his / her employment.

**PART C: To be completed by the approved registered medical practitioner. Severe ill health test statement - as required by HMRC.**

If B5, B6 or B7 have been ticked I further certify that, in my opinion, the employee

B10: DOES

B11: DOES NOT

satisfy the following statement:

As a result of his / her ill health or infirmity, the employee is unable to continue in his / her current job and is unlikely to be capable of taking on any other paid work in any capacity, otherwise than to an insignificant extent (6) before State pension age (7).

(Note: the answer to this question is used to determine whether or not the person could be subject to a tax charge in accordance with the annual allowance test under the Finance Act 2004).

**PART D: General statement to be completed by the approved (1) registered medical practitioner.**

I do / do not\* (\* delete as appropriate) 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 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 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

Date: .....

.....  
Printed name of independent registered medical practitioner

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

(\*\* 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 independent registered medical practitioner signing the certificate must have been approved for this purpose by the Pension Fund administering authority.
- (2) 'Permanently incapable' means that the person will, more likely than not, be 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 pension age' – see (5).
- (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 person's 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 current employment.
- (5) 'Normal pension age' means the employee's individual State pension age at the time the employment is to be terminated, but with a minimum of age 65. For a full breakdown of individual State pension ages please see <http://www.pensionsadvisoryservice.org.uk/state-pensions/know-your-state-pension-age>
- (6) 'Insignificant extent' means, for example, that the person could undertake voluntary work or unpaid work where out of pocket expenses are reimbursed or small amounts of travelling or subsistence payments are made. Any paid work should be insignificant, for example it should be infrequent or only for a few days during the year and the payment must be small in amount, not just as a proportion of the pay or salary they are earning in their current job.
- (7) State pension age is currently age 65 for men. State pension age for women is currently being increased to be equalised with that for men. Women's State pension age will reach 65 by November 2018. The State pension age will then begin to increase further for both men and women 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 B3 have been ticked, this means that the employee does not, in the medical opinion of the approved registered medical practitioner, meet the criteria for an ill health pension under the LGPS.

If B1, B4 and B5 have been ticked, this means that the employee, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 3 ill health pension under the LGPS.

If B1, B4 and B6 have been ticked, this means that the employee, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 2 ill health pension under the LGPS.

If B1, B4 and B7 have been ticked, this means that the employee, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 1 ill health pension under the LGPS.

The opinion given by the approved registered medical practitioner does not, in itself, give entitlement or otherwise to an ill health award. Nor should the medical practitioner indicate to the employee that such an award will or will not be made. It is for the employer to make the formal ill health award determination.

If B8 has been ticked (i.e. the employee is in part-time service and working reduced contractual hours wholly or partly as a result of the ill health or infirmity of mind or body that has caused him / her to be permanently incapable of discharging efficiently the duties of his / her employment) the employer can calculate the assumed pensionable pay upon which the member's enhancement to benefits is to be calculated as if the reduction in contractual hours and pay had not occurred.

If B10 has been ticked this means that there is no 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 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 in respect of a current employee by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 36 of the Local Government Pension Scheme Regulations 2013 and for the purposes of section 229(4) of the Finance Act 2004.*

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