

III Health Medical Certificate for a Deferred Member who left before 1 April 1998

PART A: To be completed by the former Scheme 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 of becoming a deferred Scheme member	
Position (post title) at date of becoming a deferred Scheme member	
Nature of employment at date of becoming a deferred Scheme member (job description and full information on requirements of the job are attached)	
Date ceased to be an active Scheme member	
Date of application for early payment of deferred benefits	

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 person named in Part A

B1: IS

B2: IS NOT

on the balance of probabilities, permanently incapable (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.

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

If B1 has been ticked:

I certify that the date the person became permanently incapable (2) was **B3:**

and that this was discoverable at that time based on evidence available at that time.

(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, and 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 entered in B3, please tick B4 or B5

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

B4: IS

B5: IS NOT

permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment and, if B4 has been ticked, the date from which he / she became so incapable was **B6:**

(Note: a date entered at B6 can be the same as, or later than, the date entered at B3 and is used to determine the date from which the pension should be increased under Pensions Increase legislation).

If B1 has been ticked, please also tick B7 or B8

I certify (3) that, in my opinion, the person named in Part A:

B7: IS exceptionally ill, with a life expectancy of less than 1 year and

IS AWARE OF THIS

IS NOT AWARE OF THIS

OR

B8: IS NOT exceptionally ill and has a life expectancy of 1 year or more

PART C: 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 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.

.....
Signature of independent registered medical practitioner

Date:

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

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



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 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

General – notes for employers

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 B7 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 reviewed 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.

This is a medical certificate provided in respect of a deferred member by an independent, approved, duly qualified registered medical practitioner in accordance with regulation D11 of the Local Government Pension Scheme Regulations 1995 (as amended) and for the purposes of section 229(4) of the Finance Act 2004.

Please email the completed form to pensionforms@wiltshire.gov.uk