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| Medical certificate provided by an approved Independent Registered Medical Practitioner (IRMP) in accordance with regulation 37 of the Local Government Pension Scheme Regulations 2013 in respect of a 3rd tier pensioner whose pension is currently in payment and before normal retirement age *(see guidance on the meaning of terms note 1)*. |
| * Parts A and C to be completed by the employer * Part B to be completed be 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). |
| **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 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 guidance issued by the Secretary of State when completing this certificate *(the latest versions of the guidance document, and the supplementary guidance, are available from the table at* [*http://www.lgpsregs.org/index.php/dclg-publications/dclg-stat-guidance*](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 deferred 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 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 and 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.**  *These notes were up-to-date when this form was updated in March 2015 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:**  **then send the certificate to Pension Services, Oxfordshire County Council, 4640 Kingsgate, Cascade Way, Oxford Business Park South, Oxford, OX4 2SU** |
| **I have obtained the opinion of the IRMP as required under regulation XXX 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 confirm I have:   * Informed the member in writing of the decision made (as soon as reasonably practicable); * Informed the member about the right of appeal, and * Where applicable, explained to the member the reason for the decision.   Signature *(for and on behalf of employer)*:  Date:  Print name of authorised signatory:  *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 37 of the Local Government Pension Scheme Regulations 2013.* |

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