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| **Medical certificate to be 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 2013 and for the purposes of section 229(4) of the Finance Act 2004.** |
| * Parts A and C to be completed by the employer * Part B to be completed be the Approved Independent Registered Medical Practitioner |
| **Part A: To be completed by the employer** |
| Employee’s Full Name:  Mr / Mrs / Miss / Ms\* ……………………… Date of birth: ……../……../  NI Number:  Home address:    Employer:  Place of work:  Nature of employment (Please attach a Job Description and full information on the requirements of the job)  **A1.** Contractual hours of employment:  **A2.** 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? Yes / No \* (\*delete as appropriate)  (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). |

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| **Guidance Notes**   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 guidance note 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 [www.pensionsadvisoryservice.org.uk/state-pensions/know-your-state-pension-age](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 traveling 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: [www.pensionsadvisoryservice.org.uk/state-pensions/know-your-state-pension-age](http://www.pensionsadvisoryservice.org.uk/state-pensions/know-your-state-pension-age)   1. The employee has to meet a qualifying period of membership to be entitled to ill health retirement. Please contact Pension Services to find out if the member meets the qualifying service criteria. 2. Annual Rate of Assumed Pensionable Pay ((AAPP)(Regulations 21(4) and 39(9)(a)) This needs assessing from the pensionable pay from the 3 months ending in the pay period before the last day of service: take out any lump sum payments; gross up to annual rate and add back regular expected lump sum values. Ignore pay reductions for approved leave, trade dispute and sickness. More guidance is here <http://www.lgpsregs.org/index.php/guides/payroll-guide-to-the-2014-scheme?showall=&start=6>   Where IRMP confirms that an earlier reduction to contractual hours is linked to the illness/injury (see B8) ensure the annual rate for assumed pensionable pay reflects the correct pensionable pay (i.e. as if the contractual reduction had not happened) for assessing AAPP) |

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| **Part B: To be completed by the approved** *(see guidance note 1)* **Independent Registered Medical Practitioner (IRMP).** |
| ***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 *(see guidance note 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 go to the IRMP’s statement at the end of Part B.***  ***If B1 has been ticked, please indicate which applies by ticking either 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 *(see guidance note 3)* any gainful employment *(see guidance note 4).*  ***If B3 has been ticked please go to the IRMP’s statement at the end of Part B.***  ***If B4 has been ticked, please indicate which applies by ticking B5, B6 or B7.*** |
| 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 *(see guidance note 3)* gainful employment *(see guidance note 4)* within the next three years (or before his / her normal pension age *(see guidance note 5)*, if earlier). *(tier 3)*  **OR**  B6: **IS UNLIKELY** to be capable of undertaking *(see guidance note 3)* gainful employment *(see guidance note 4)* within the next three years but **IS LIKELY** to be capable of undertaking gainful employment *(see guidance note 4)* at some time thereafter and before his / her normal pension age *(see guidance note 5)*. *(tier 2)*  **OR**  B7: **IS UNLIKELY** to be capable of undertaking *(see guidance note 3)* gainful employment *(see guidance note 4)* before his / her normal pension age (*see guidance note* 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 in A2) 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 condition that caused or contributed to the member’s ill health retirement |
| ***If B5, B6 or B7 have been ticked please tick either B10 or B11***  *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; (severe ill health test statement)*  I certify that, in my opinion, the employee named in Part A  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 *(see guidance note 6)* before State pension age *(see guidance note 7)*.  **Please provide the reasoning for your opinion in the space provided below:** |
| **Independent Registered Medical Practitioner’s Statement**  I am attaching a copy of my assessment and I have supplied a detailed report to the scheme member, and 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** * 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 (this guidance document is available at [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    Printed name of independent registered medical practitioner  Registered medical practitioner’s / company’s official stamp  *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.* |

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| **General Notes for the Employer**  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 employment and working reduced contractual hours wholly or partly as a result of the condition that caused or contributed to the member’s ill health retirement) the employer calculates 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 May 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 employer to show the decision on whether the employee named in part A who retired on ill health has award of immediate payment of pension due to the permanency of the ill health and having regard to the opinion from the IRMP and Statutory Guidance issued by the Secretary of State.** |
| ***Please tick either C1 or C2:***  This authority has decided  C1: **TO**  C2: **NOT TO**  terminate this member’s employment on the grounds of ill health or infirmity of mind or body.  The last day of service for the member named in Part A will be / was :  **………….**  This authority having now obtained a certificate as required under regulation 36, has decided the ill health or infirmity of mind or body is permanent.  ***Please tick either C3, C4 or C5 if you have ticked C1 and, at the date of termination, the employee named in PART A:***   * **Is under their normal pension age *(see guidance note 5)*** * **Meets the 2 year qualifying service criteria for entitlement to a benefit in the LGPS *(see guidance note 8)***   C3: Tier one – Regulation 35 (5)  C4: Tier two – Regulation 35 (6)  C5: Tier three – Regulation 35 (7) and I can confirm I have set up the review process with the employee  **The Annual Rate Assumed Pensionable Pay (AAPP)** (guidance note 9) **to assess any pension enhancements under tier one or two is £ ……………**    I confirm I have told the member about the right of appeal within the LGPS regulations.  Signature *(for and on behalf of employer)*:  Date:  Print Name of Authorised Signatory:  ***When the decisions on ill health retirement have been made, please send this entire certificate to:***  ***Pension Services, Oxfordshire County Council, 4640 Kingsgate, Cascade Way, Oxford Business Park South, Oxford, OX4 2SU*** |