Version: April 2022 - Form 4





Notes of Guidance

Completion of Medical Certificate for Deferred Members who Left on or after 1 April 1998 and before 1 April 2008

The Completion of the Form

- If option A has been completed 'WAS NOT', 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 option A has been completed 'WAS', 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.
- Please note that Section 2(B) should only be completed for those deferred members that are under the age of 55.
- If option C1 has been ticked, the Pension Fund administering authority may pay the deferred member a lump sum equal to 5 times the deferred 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.
- 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.

Glossary of Terms

- The Independent Registered Medical Practitioner signing the certificate must have been approved for this purpose by the administering authority.
- 'Permanently incapable' means that the deferred member 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).
- 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

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Disclaimer

These notes were up-to-date when this form was updated in June 2019 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 97 of the Local Government Pension Scheme Regulations 1997 (as amended) and for the purposes of section 229(4) of the Finance Act 2004.

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Name of Deferred Member:

Home Address:



Title:

Post Code:

Local Government Pension Scheme Medical Certificate for Deferred Members who Left on or after 1 April 1998 and before 1 April 2008

Section 1 – Deferred Member's Details (to be completed by the former Employer)

MI Munahari					
NI Number:			Date of Birt	h:	
Employer at date deferred Scheme	•		'		
Post title at date deferred Scheme	_				
Date of Termination:			Date of Application	:	
* Please attac	h job description and	l any other applicable details becoming a Deferred Schen	_	of employment at	date of
Section 2 – M	edical Practition	er's Certification			
A If WAS has been	application for the probabilities, periodischarging efficient benefits in the incapable, proceed to Section 4).	my opinion, this deferred me early payment of deferred manently incapable, because the thing of the duties of his / her for Local Government Pensid to part C below. If deemed and the deferred member is ection 1, please complete B a	benefits under Sections of ill health or infinite remeter employment white the section of the se	on 1, and on the land on the l	body, of e deferred rmanently e proceed
В	application for ear reason of disabilit employment. (No	my opinion, this deferred m rly payment of deferred bene ty caused by physical or me ote: the answer to this ques ately increased under Pension	efits shown in Section 2 ntal infirmity of engag stion is used to dete	1, permanently inc ging in any regula rmine whether th	r full-time
С	application for ear reason of disabilit employment. (No should be immedi	rly payment of deferred bene ty caused by physical or me ote: the answer to this ques	efits shown in Section : ntal infirmity of engag stion is used to dete ns Increase legislation)	1, permanently inc ging in any regula rmine whether th	capable by r full-time
	application for ear reason of disabilit employment. (No should be immediately a certify that, in my	rly payment of deferred bene ty caused by physical or me ote: the answer to this ques ately increased under Pension	efits shown in Section of the infirmity of engagestion is used to deter the instruction of the instruction o	1, permanently inc ging in any regula rmine whether th	capable by r full-time ne pension
С	application for ear reason of disability employment. (No should be immediately likely that, in my list exceptionally ill,	rly payment of deferred bene ty caused by physical or men ote: the answer to this ques ately increased under Pension y opinion, this deferred memb	efits shown in Section of the infirmity of engagestion is used to deter the instruction of the instruction o	1, permanently inc ging in any regula rmine whether th	capable by r full-time ne pension

Section 3 – Medical Practitioner's Comments							
Section 4 – Medical Pr	actitioner's Decla	ration					
		ort / assessment and certify	that:				
		pinion on, or otherwise beer		s case AND			
I am not acting or ha	ve I ever acted as the re	epresentative of the deferre					
	relation to this case AN Occupational Health Me	ND dicine (D Occ Med) or an eq	uivalent qualific	ration issued by a			
competent authority	in an EEA State (with '	competent authority' mean	ing given by Sec	tion 55(1) of the Medical			
Act 1983), or I am ar equivalent institutio		or a Fellow of the Faculty of	Occupational M	ledicine or of an			
Print Name:							
Signature:			Date:				
	Official stores	<u> </u>					
	Official stamp: (if applicable)						

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