

## Notes of Guidance

# Completion of Medical Certificate for Deferred Members who Left on or after 1 April 2008 and before 1 April 2014

### The Completion of the Form

- If option A has been completed with 'WAS NOT' **OR** option B with 'DOES 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 with 'WAS' **AND** option B with 'DOES', 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 date entered under option C can be earlier than, and need not correspond with, the date of the deferred member's application for early payment of deferred benefits, as shown under Section 1, and will be used as the date from which the deferred pension benefits will be brought into payment.
- The date entered under option D can be the same as, or later than, the date entered under option C and is used to determine the date from which the pension should be increased under Pensions Increase legislation. (Please note that this option should only be completed for deferred members under the age of 55).
- 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 'normal retirement age'.
- The Independent Registered Medical Practitioner is providing an opinion on the deferred member's capability of undertaking gainful employment based solely on the effect the medical condition has on the member's ability to undertake gainful employment.
- '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 member's former employment.

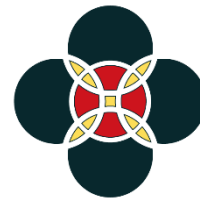
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- 'Normal retirement age' means age 65 (apart from in the case of a small number of protected members who have a normal retirement age of 60 e.g. employees who were transferred to local government from the Learning and Skills Council for England on 1 April 2010).

### **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 31 of the Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007 (as amended) and regulation 56 of the Local Government Pension Scheme (Administration) Regulations 2008 (as amended).**



## Local Government Pension Scheme

### Medical Certificate for Deferred Members who Left on or after 1 April 2008 and before 1 April 2014

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

Name of Deferred Member:		Title:	
Home Address:			
		Post Code:	
NI Number:		Date of Birth:	
Employer at date of becoming a deferred Scheme member:			
Post title at date of becoming a deferred Scheme member*:			
Date of Termination:		Date of Application:	
* Please attach job description and any other applicable details to distinguish nature of employment at date of becoming a Deferred Scheme Member			

#### Section 2 – Medical Practitioner's Certification

<b>A</b>	I certify that, in my opinion, this deferred member <b>WAS</b> <b>WAS NOT</b> at the date of application for the early payment of deferred benefits under Section 1, and on the balance of probabilities, permanently incapable, 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 deemed <b>WAS</b> permanently incapable, please proceed to Part B. If deemed <b>WAS NOT</b> permanently incapable, please proceed to Section 4).
<b>B</b>	I certify that, in my opinion, as a result of their ill health or infirmity, this deferred member <b>DOES</b> <b>DOES NOT</b> have a reduced likelihood of being capable of undertaking other gainful employment within three years of the date of application shown under Section 1, or if earlier, before his / her normal retirement age. (If deemed <b>'DOES'</b> have a reduced likelihood, please proceed to Part C. If deemed <b>'DOES NOT'</b> have a reduced likelihood, please proceed to Section 4).
<b>C</b>	<p>I certify that the <u>date</u> the person first became permanently incapable, 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, and who <b>DOES</b> have a reduced likelihood of being capable of undertaking other gainful employment within three years of the date of application, or if earlier, before normal pension age, (as in B above) <b><u>based on evidence available at that time, was:</u></b> (Please enter the relevant Date below).</p> <p><b>ENTER DATE:</b> <input type="text"/></p>

**(Section 2 continued)**

If 'DOES' is selected in part B, and the deferred member is **UNDER** age 55 at the date entered in part C, please proceed to **Part D**. If **NOT**, please proceed to Section 3.

**D**

As this deferred member has a reduced likelihood of being capable of undertaking other gainful employment within three years of the date of application shown under Section 1 or, if earlier, his / her normal retirement age, **AND** is under age 55 at the date entered under option C, I certify that, in my opinion, this deferred member **IS** **IS NOT** permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment and if deemed so, the date from which he / she became so incapable was:

**ENTER DATE:**

**Section 3 – Medical Practitioner's Comments**

**Section 4 – Medical Practitioner's Declaration**

I **DO** **DO NOT** attach a copy of my full report / assessment and 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' 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 document, are available from the relevant section at: <http://lgpsregs.org/timelineregs/Statutory%20Guidance%20and%20circulars/statguide.htm>

<b>Print Name:</b>			
<b>Signature:</b>		<b>Date:</b>	

**Official stamp:  
(if applicable)**

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