



## Notes of Guidance

# Completion of Medical Certificate for Deferred Members who Left on or before 1 April 1998

### The Completion of the Form

- If option A has been completed 'IS 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 'IS', 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 B 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 become payable.
- The date entered under option C can be the same as, or later than, the date entered under option B and is used to determine the date from which the pension should be increased under the Pension Increase legislation. Please note that should only be completed if the deferred member is under the age of 55.
- If under Section 3, option D1 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

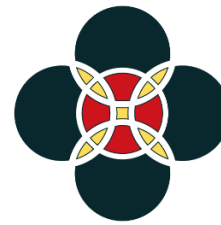
- The Independent Registered Medical Practitioner signing the certificate must have been approved for this purpose by the administering authority.
- 'Permanently incapable' means that the deferred member will, more likely than not, be incapable of discharging efficiently the duties of their former employment with the employer because of ill health or infirmity of mind or body until, at the earliest, their 65<sup>th</sup> 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](http://www.gmc-uk.org/about/legislation/medical_act.asp#2)

Version: April 2022 – Form 5

**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 D11 of the Local Government Pension Scheme Regulations 1995 (as amended) and for the purposes of section 229(4) of the Finance Act 2004.**

**Local Government Pension Scheme****Medical Certificate for Deferred Members who Left on or before 1 April 1998****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>IS</b> <b>IS NOT</b> 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>IS</b> , please complete part B below. If deemed <b>IS NOT</b> , please proceed to Section 5).
<b>B</b>	I certify that the date given directly below is the date that this deferred member became permanently incapable and that this was discoverable at that time based on the evidence available at that time.  <b>ENTER DATE:</b> <input type="text"/>
If <b>IS</b> has been selected under <b>Part A</b> , and the deferred member is <b>UNDER</b> age 55 at the date entered under <b>Part B</b> , please proceed to part C and then Section 3.	
<b>C</b>	I certify that, in my opinion, this deferred member <b>IS</b> <b>IS NOT</b> 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 is as given directly below.  <b>ENTER DATE:</b> <input type="text"/>

### Section 3 – Medical Practitioner's Certification for Severe Ill Health

<b>D</b>	I certify that, in my opinion, this deferred member:				<b>✓</b>
<b>1</b>	<b>IS</b> exceptionally ill, with a life expectancy of less than 1 year.				
	Is the deferred member aware of this?	<b>Yes</b>		<b>No</b>	
<b>2</b>	<b>IS NOT</b> exceptionally ill and has a life expectancy of 1 year or more.				

### Section 4 – Medical Practitioner's Comments

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### Section 5 – Medical Practitioner's Declaration

I **DO**      **DO NOT**      attach a copy of my full report / assessment and certify that:

- I have not previously advised, or given an opinion on, or otherwise been involved in this case **AND**
- I am not acting or have I ever acted as the representative of the deferred member, the former Scheme 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' 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

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

<b>Official stamp: (if applicable)</b>	
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