



Medical Review Certificate for a Suspended 3rd Tier Pensioner

Review 3 or more years after the cessation of the 3rd tier pension, and before Normal Pension Age, where cessation of employment occurred after 31 March 2014.

SECTION 1 - Pensioner's Details (to be completed by the Former Employer)			
Name of Pensioner:		Title:	
Home Address:			
		Post Code:	
N.I. Number:		Date of Birth:	
Employer at date became a tier 3 (T3) ill health pensioner:			
Position at date became a T3 ill health pensioner:			
Nature of employment at date became a T3 ill health pensioner*:			
Date of Termination:			
Date member asked for early payment of suspended T3 ill health pension:			
*Please give full description of the requirements of the job and / or attach copy of job description if available.			
<p>The person named above was, at the date of cessation of their former position, certified as being permanently incapable 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, <u>although not immediately capable at that time of undertaking other gainful employment</u> it was nevertheless likely that he / she would be capable of undertaking gainful employment within 3 years of the date of cessation of employment (or by his / her normal pension age if earlier). He / she was awarded a short-term, reviewable, 3rd tier pension which was subsequently suspended. The person has applied for early reinstatement of the suspended pension and so it is now necessary, in accordance with regulation 38 of the Local Government Pension Scheme Regulations 2013, to determine whether he / she is unlikely to be capable of undertaking gainful employment before his / her normal pension age.</p>			
SECTION 2 - Approved Registered Medical Practitioner's Certification			
I certify that, in my opinion, having considered their ill health or infirmity, the person named above:			✓
A	IS LIKELY to be capable of undertaking any gainful employment before his / her normal pension age.		
B	IS UNLIKELY to be capable of undertaking any gainful employment before his / her normal pension age.		
Employer use only. Please ENTER DATE from which the suspended tier 3 pension will be brought into payment.			

SECTION 3 - Medical Practitioner's Declaration

STAMP
(if applicable)

I DO / DO NOT (please delete as appropriate) 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' 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 guidance document is available at: <http://www.lgpsregs.org/index.php/dclg-publications/dclg-stat-guidance>

Signature:			
Print Name:		Date:	

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 suspended and who requests early reinstatement on health grounds in accordance with regulation 38 of the Local Government Pension Scheme Regulations 2013.