



Medical Review Certificate for a Current 3rd Tier Pensioner

Where the cessation of employment occurred before 1 April 2014, where the review is taking place 18 months after the date of cessation of employment (and before normal retirement age).

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:	
Employing Authority:			
Post / Department*:			
Date of Termination:			
<p><i>*Please attach Job Description and any other applicable details to distinguish Nature of Employment at date of becoming a 3 Tier ill health Pensioner.</i></p>			
<p>The above named pensioner was, at the date of cessation of their former position, certified as being, on the balance of probabilities, permanently incapable of discharging efficiently the duties of his / her employment with his / her former employer because of ill health or infirmity of mind or body, and that, although having a <u>reduced likelihood</u> of being capable of undertaking other gainful employment before their normal retirement age, 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 retirement age, if earlier). He / she was awarded a short-term, reviewable, 3rd tier pension. It is now necessary to review, in accordance with regulation 20 of the Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007, whether he / she is still capable of undertaking gainful employment within 3 years of the date of cessation of employment (or by his / her normal retirement age, if earlier).</p>			
SECTION 2 - Medical Practitioner's Certification			
A	<p>I certify that, in my opinion, having considered their ill health or infirmity, the above named pensioner IS STILL / IS NOT (please delete as appropriate) likely to be capable of undertaking gainful employment within three years of the date of leaving shown under Section 1 (or by their normal retirement age, if earlier). (If your opinion is 'IS NOT', please proceed straight to Section 3 & 4. If your opinion is 'IS STILL', please tick B1, B2 or B3 below then complete section 2C). <u>(The answer to this question is used purely to determine whether the former employer can determine to uplift the pensioner from a tier 3 to a tier 2 pension benefit at the 18 month review).</u></p>		
B	I certify that, in my opinion, this pensioner:		✓
1	<p>IS STILL suffering from the condition that rendered him / her, at the date of ceasing employment, permanently incapable of discharging efficiently the duties of his / her employment because of ill health or infirmity of mind or body AND, as a result of that condition, he / she STILL HAS a reduced likelihood of being capable of undertaking any gainful employment before reaching his / her normal retirement age. (Please proceed to 2C).</p>		
2	<p>IS STILL suffering from the condition that rendered him / her, at the date of ceasing employment, permanently incapable of discharging efficiently the duties of his / her employment because of ill health or infirmity of mind or body BUT, as a result of that condition, he / she DOES NOT now have a reduced likelihood of being capable of undertaking any gainful employment before reaching his / her normal retirement age. (Please proceed to 2C).</p>		
3	<p>IS NOT STILL suffering from the condition that rendered him / her, at the date of ceasing employment, permanently incapable of discharging efficiently the duties of his / her employment because of ill health or infirmity of mind or body. (Please proceed to 2C).</p>		

SECTION 2 continued - Medical Practitioner's Certification

C	I certify that, in my opinion, this pensioner:	✓
1	IS currently capable of undertaking gainful employment.	
2	IS NOT currently capable of undertaking gainful employment.	

SECTION 3 - Medical Practitioner's Comments

SECTION 4 - 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 latest versions of the guidance document, and the supplementary guidance document, are available from the relevant section at: <http://timeline.lge.gov.uk/Statutory%20Guidance%20and%20circulars/statguide.htm>

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 in payment in accordance with regulation 20 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).