



**Medical Certificate for Deferred Members who Left on or after 1 April 2014**

**SECTION 1 - Deferred Member's Details** (to be completed by the Former Employer)

<b>Name of Deferred Member:</b>		<b>Title:</b>	
<b>Home Address:</b>			
		<b>Post Code:</b>	
<b>N.I. Number:</b>		<b>Date of Birth:</b>	
<b>Employer at date of deferral:</b>			
<b>Post title at date of deferral*:</b>			
<b>Date of Termination:</b>			
<p><b>*Please attach Job Description and any other applicable details to distinguish Nature of Employment at date of becoming a Deferred Scheme Member.</b></p>			

**SECTION 2 - Medical Practitioner's Certification**

<b>A</b>	<p>I certify that, in my opinion, this deferred member <b>IS / IS NOT</b> (please delete as appropriate) <u>permanently incapable, because of ill health or infirmity of mind or body, of discharging efficiently the duties of his / her former employment</u> which gave rise to the deferred benefits in the Local Government Pension Scheme. (If deemed <b>IS</b>, please complete part B. (If deemed <b>IS NOT</b>, please proceed to Section 4).</p>
<b>B</b>	<p>I certify that, in my opinion, as a result of their ill health or infirmity, this deferred member <b>IS / IS NOT</b> (please delete as appropriate) <u>unlikely to be capable of undertaking gainful employment</u> before reaching his/her normal pension age, or for at least three years, whichever is the sooner. (If deemed <b>IS NOT</b>, please proceed directly to Section 4).</p>
<p>If <b>IS</b> has been selected under <b>B</b> and the deferred member is <b>UNDER age 55</b> at the date entered under <b>Section1</b>, please complete part <b>C</b>. If <b>OVER age 55</b>, please proceed to Section 4.</p>	
<b>C</b>	<p>I certify that, in my opinion, this deferred member <b>IS / IS NOT</b> (please delete as appropriate) permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment. (Please now proceed to Section 4)</p>

### SECTION 3 - Medical Practitioner's Comments

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### SECTION 4 - Medical Practitioner's Declaration

<b>STAMP</b> (If applicable)
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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' 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. I also certify that 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>

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

### Notes of Guidance

- The independent registered medical practitioner signing the certificate must have been approved for this purpose by the administering authority.
- 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.
- 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.

**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 36 of the Local Government Pension Scheme Regulations 2013.**