



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

SECTION 2 - Medical Practitioner's Certification

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|---|--|
| A | <p>I certify that, in my opinion, this deferred member WAS / WAS NOT (please delete as appropriate) 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 TO be permanently incapable, please proceed to Part B. If deemed NOT to be permanently incapable, please proceed to Section 4).</p> |
| B | <p>I certify that, in my opinion, as a result of their ill health or infirmity, this deferred member DOES / DOES NOT have (please delete as appropriate) 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 'DOES' have a reduced likelihood, please proceed to Part C. If deemed 'DOES NOT' have a reduced likelihood, please proceed to Section 4).</p> |
| C | <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 DOES 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) based on evidence available at that time, was: (Please enter the relevant Date below).</p> |
| | ENTER DATE: |
| <p>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.</p> | |
| D | <p>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 (please delete as appropriate) 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:</p> |
| | ENTER DATE: |

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' 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 also certify that 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: | |

Notes of Guidance

- 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 employment with the employer because of ill health or infirmity of mind or body until, at the earliest, their 'normal pension 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.

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).