



Medical Review Certificate for a Suspended 3rd Tier Pensioner

Where the cessation of employment occurred after 31 March 2014, with the Review taking place at the request of the member whilst the 3rd Tier pension is in payment, or within 3 years after cessation of the payment of the 3rd tier pension, 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:	
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 T3 pension was originally discontinued:			
Date member asked for case to be reviewed:			
*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, on the balance of probabilities, 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, although not immediately capable at that time of undertaking other gainful employment, 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 and has made a request, either whilst the tier 3 ill health pension is still in payment or within 3 years of it being discontinued, for the employer to determine whether or not to move him / her to a tier 2 ill health pension. It is therefore now necessary to determine, in accordance with regulation 37(10) of the Local Government Pension Scheme Regulations 2013, whether the person can, due to the medical condition that resulted in the original award of a tier 3 ill health pension, be uplifted to a tier 2 ill health pension.</p>			
SECTION 2 - Approved Registered Medical Practitioner's Certification			
I certify that, in my opinion and having considered their ill health or infirmity the person named in Section 1 :			✓
A	IS / WAS LIKELY to be capable of undertaking gainful employment within three years of the date of leaving shown in Section 1 (or by their normal pension age, if earlier).		
B	IS UNLIKELY to be capable of undertaking gainful employment within three years of the date of leaving shown in section 1 but is likely to be able to undertake gainful employment at some point thereafter and is permanently incapable of discharging efficiently the duties of the employment they were undertaking at the date of leaving shown in Section 1 and which gave rise to the tier 3 ill health pension.		

Please Note:

If A has been ticked, please move to Section 4.

If B has been ticked, please move to Section 3 if, and only if, the form is being completed within the same Scheme year (ending 31 March) that the person named in Section 1 ceased employment (as shown in Section 1; otherwise, please move to Section 4.

SECTION 3 - Severe Ill Health Test Statement (as required by HMRC)

I further certify that, in my opinion, the named member **DOES / DOES NOT** (please delete as appropriate) satisfy the following statement:

As a result of his / her ill health or infirmity, the member is unable to continue in his / her current employment and is unlikely to be capable of taking on any other paid work in any capacity, otherwise than to an insignificant extent before State Pension age.

(Please note that this is used to determine whether or not the person could be subject to a tax charge in accordance with the Annual Allowance test under the Finance Act 2004).

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 version of 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 who, in accordance with regulation 37 of the Local Government Pension Scheme Regulations 2013, has requested a review, whilst the 3rd tier pension is in payment or within 3 years after payment of the 3rd tier pension has been discontinued (and before normal retirement age), to determine whether or not the person meets the criteria to be uplifted to a tier 2 pension.