

Medical Certificate 1: current employee.

(For a current employee. Do not use this certificate if the member has a deferred pension - ie already left the employment which gave rise to the pension)

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| **Guidance Notes: Meanings of terms used**   1. **The independent registered medical practitioner** **(IRMP)** signing the certificate must have been approved for this purpose by the Pension Fund administering authority. For Oxfordshire, please contact Employer Team, Pension Services. An employer should ensure holding this approval before referring the details to a medical practitioner. 2. **‘Permanently incapable’** means that the person 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’ *(see guidance note 5).* 3. The **independent registered medical practitioner** is providing an opinion on the person’s **capability of undertaking** gainful employment based solely on the effect the medical condition has on the person’s ability to undertake gainful employment. 4. **‘Gainful employment’** means paid employment for not less than 30 hours in each week for a period of not less than 12 months. It does not have to be employment that is commensurate in terms of pay and conditions with that of the person’s current employment. 5. **‘Normal pension age’** means the employee’s individual State pension age at the time the employment is to be terminated, but with a minimum of age 65. State pension age was equalised to age 65 in November 2018. State pension age will continue to increase from December 2018 onwards. To determine an individual’s State pension age please go to <http://www.pensionsadvisoryservice.org.uk/state-pensions/know-your-state-pension-age> 6. **‘Insignificant extent’** means, for example, that the person could undertake voluntary work or unpaid work where out of pocket expenses are reimbursed or small amounts of traveling or subsistence payments are made. Any paid work should be insignificant, for example it should be infrequent or only for a few days during the year and the payment must be small in amount, not just as a proportion of the pay or salary they are earning in their current job. 7. The employee must meet a qualifying period of membership – **‘vesting period’** by the time the employment is to be terminated to be entitled to ill health retirement. See 2013 LGPS Regulation 3(7). Please contact Pension Services if in any doubt to confirm an entitlement exists. 8. **Annual Rate of Assumed Pensionable Pay** ((AAPP)(Regulations 21(4) and (5C) and 39(9)(a)) Assess from the pensionable pay from the 3 months / 12 weeks ending in the pay period before the last day of service: take out any lump sum payments; gross up to annual rate and add back regular expected lump sum values, where that is your policy. Ignore pay reductions for approved leave, trade dispute and sickness.   **However** an employer can use a higher level of pay to reflect the  level the member may ordinarily receive but have regard to the pensionable pay received by the member during the previous 12 months. More guidance is here <http://www.lgpsregs.org/index.php/guides/payroll-guide-to-the-2014-scheme?showall=&start=6>  Where IRMP confirms that an earlier reduction to contractual hours is linked to the illness/injury (see B8) ensure the annual rate for assumed pensionable pay is calculated on the pay the member would have received during the relevant pay periods if they had not been working reduced hours |

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| Medical certificate for a current employee, completed by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 36 of the Local Government Pension Scheme 2013 and for the purposes of section 229(4) of the Finance Act 2004, and for formal decision from the employer. |
| * Parts A and C to be completed by the employer * Part B to be completed be the Approved Independent Registered Medical Practitioner |
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| **PART A: to be completed by employer**  **A1**  Employee’s surname  Forenames: ……………………………………………………………………………………….  Mr / Mrs / Miss / Ms\* ……………………… Date of birth: ……../……../  NI Number:  Home address:    Employer:  Place of work:  Nature of employment (job description and full information on the requirements of the job attached)  **A2**  **Hours of employment** (i.e. whole time or part-time, if part-time, show proportion of whole-time hours or weeks, any contractual overtime or duties) ………………………………….  Has the employee been working reduced contractual hours and had reduced pensionable pay as a consequence of the reduction in working hours due to their ill health or infirmity or mind or body?  Yes / No \*  (If ‘Yes’, please attach a statement providing background details e.g. factors that led to the reduction in hours, number of hours by which the employee’s hours were reduced, date(s) reduction(s) in hours occurred. This is to assist the registered medical practitioner when answering questions B8/B9).  (\*delete as appropriate) |

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| **Part B: To be completed by the approved** *(see guidance note 1)* **Independent Registered Medical Practitioner (IRMP).** |
| ***Please tick either B1 or B2***  I certify that, in my opinion, the employee named in Part A:  B1: **IS** B2: **IS NOT**  suffering from a condition that, more likely than not, renders him / her permanently incapable *(see guidance note 2)* of discharging efficiently the duties of his / her employment with his / her employer because of ill health or infirmity of mind or body.  ***If B2 has been ticked please go to the IRMP’s statement at the end of Part B.***  ***If B1 has been ticked, please tick either B3 or B4.*** |
| I certify that, because of that ill health or infirmity of mind or body, the employee:  B3: **IS** B4: **IS NOT**  immediately capable of undertaking *(see guidance note 3)* any gainful employment *(see guidance note 4).*  ***If B3 has been ticked please go to the IRMP’s statement at the end of Part B.***  ***Otherwise, please indicate which one of the following applies by ticking B5, B6 or B7.*** |
| I certify that, in my opinion, as a result of that ill health or infirmity, the employee named in Part A:  B5: **IS LIKELY** to be capable of undertaking *(see guidance note 3)* gainful employment *(see guidance note 4)* within the next three years (or before his / her normal pension age *(see guidance note 5)*, if earlier). *(tier 3)*  **OR**  B6: **IS UNLIKELY** to be capable of undertaking *(see guidance note 3)* gainful employment *(see guidance note 4)* within the next three years but **IS LIKELY** to be capable of undertaking gainful employment *(see guidance note 4)* at some time thereafter and before his / her normal pension age *(see guidance note 5)*. *(tier 2)*  **OR**  B7: **IS UNLIKELY** to be capable of undertaking *(see guidance note 3)* gainful employment *(see guidance note 4)* before his / her normal pension age (*see guidance note* 5). *(tier 1)* |
| ***If B6 or B7 have been ticked and the employee has been working reduced contractual hours and had reduced pensionable pay as a consequence of the reduction in working hours (as indicated in A2) please tick B8 or B9***  I certify that, in my opinion, the employee named in Part A  B8: **IS** B9: **IS NOT**  in part-time service and working reduced contractual hours wholly or partly as a result of the condition that caused or contributed to the member’s ill health retirement |
| ***If B5, B6 or B7 have been ticked please tick either B10 or B11***  *Note: The answer to this section is used to determine the ‘Severe Ill Health’ test statement required by HMRC, 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; (severe ill health test statement)*  I certify that, in my opinion, the employee named in Part A  B10: **DOES**  B11: **DOES NOT satisfy the following statement:**  Due to his / her ill health or infirmity, the employee is unable to continue in his / her current job and is unlikely to be capable of taking on any other paid work in any capacity, otherwise than to an insignificant extent *(see guidance note 6)* before State Pension Age *(see guidance note 5)*. |
| **Independent Registered Medical Practitioner’s general statement**  I do/do not\* attach a copy of my assessment/report to support my opinion to section B **and** additionally when it applies B10, and I have/have not\* supplied a detailed report to the scheme member, and  I certify that:   * I have not previously advised, or given an opinion on, or otherwise been involved in this case **AND** * 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 and FAQs documents are available at <http://lgpslibrary.org/assets/statgui/ew/20140917IHG.pdf>  <http://lgpslibrary.org/assets/statgui/ew/201506IHFAQ.pdf>  Date:  Signature of independent registered medical practitioner    Printed name of independent registered medical practitioner  Registered medical practitioner’s / company’s official stamp  *This is a medical certificate provided in respect of a current employee by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 36 of the Local Government Pension Scheme Regulations 2013 and for the purposes of section 229(4) of the Finance Act 2004.* |

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| **General Notes for the Employer**  If B2 or B3 have been ticked, this means that the employee does not, in the medical opinion of the approved registered medical practitioner, meet the criteria for an ill health pension under the LGPS.  If B1, B4 and B5 have been ticked, this means that the employee, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 3 ill health pension under the LGPS.  If B1, B4 and B6 have been ticked, this means that the employee, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 2 ill health pension under the LGPS.  If B1, B4 and B7 have been ticked, this means that the employee, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 1 ill health pension under the LGPS.  The opinion given by the approved registered medical practitioner does not, in itself, give entitlement or otherwise to an ill health award. Nor should the medical practitioner indicate to the employee that such an award will or will not be made. **It is for the employer to make the formal ill health award determination.**  If B8 has been ticked (i.e. the employee is in part-time employment and working reduced contractual hours wholly or partly as a result of the condition that caused or contributed to the member’s ill health retirement) the employer can calculate the **assumed pensionable pay** upon which the member’s enhancement to benefits is to be calculated as if the reduction in contractual hours and pay had not occurred.    If B10 has been ticked this means that there is no pension input amount for the purposes of the annual allowance test under the Finance Act 2004 as the person meets the ‘severe ill health condition’ under section 229 of that Act.  Personal information  As the Administering Authority of the Fund we hold securely, certain information about members (“personal data”), which we need to administer the Fund. The information is provided by the member and the fund employer. If the member believes the information we hold is incorrect contact Pension Services.  More details and the full privacy notice on www.oxfordshire.gov.uk/cms/content/administration-and-performance  You are welcome to contact Pension Services with any questions about how we use and or share information, find out more about your rights or to see what information we hold.  *These notes were up-to-date when this form was reviewed in June 2019 and are provided for information only. They confer no contractual or statutory rights and in the event of any dispute the appropriate legislation will prevail.* |

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| **PART C: To be completed by the employer to show the decision on whether the employee named in part A is entitled to early payment of retirement pension on ill health grounds due to the permanency of the ill health and having regard to the opinion from the IRMP and Statutory Guidance and the FAQs issued by the Secretary of State.**  <http://lgpslibrary.org/assets/statgui/ew/20140917IHG.pdf>  <http://lgpslibrary.org/assets/statgui/ew/201506IHFAQ.pdf> |
| ***Please tick either C1 or C2:***  This authority has decided  C1: **TO**  C2: **NOT TO**  terminate this member’s employment on the grounds of ill health or infirmity of mind or body.  The last day of service will be :   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | d | d | m | m | y | y | y | y |   for the member named in Part A who is eligible and at this date under their Normal Pension Age  **………….**  This authority having now obtained a certificate as required under regulation 36, and taken regard to the guidance issued by the Secretary of State, has decided the ill health or infirmity of mind or body is permanent.  ***Please tick either C3, C4 or C5 if you have ticked C1 and, at the date of termination, the employee named in PART A:***   * **Is under their normal pension age *(see guidance note 5)*** * **Meets the vesting period / qualifying service criteria for entitlement to a benefit in the LGPS *(see guidance note 7)***   C3: Tier one – Regulation 35 (5)  C4: Tier two – Regulation 35 (6)  C5: Tier three – Regulation 35 (7) and I can confirm I have set up the review process with the employee  **The Annual Rate Assumed Pensionable Pay (AAPP)** (guidance note 8) **to assess any pension enhancements under tier one or two is £ ……………**    I confirm I have told the member about the decision and of their right of appeal within the LGPS regulations  ([www.oxfordshire.gov.uk/lgpsmembersguide](http://www.oxfordshire.gov.uk/lgpsmembersguide) - help with pension problems )  Signature *(for and on behalf of employer)*:  Date:  Print Name of Authorised Signatory:  ***When the decisions on ill health retirement have been made, please send this entire certificate securely to:***  ***Pension Services, Oxfordshire Pension Fund, 4640 Kingsgate, Cascade Way, Oxford Business Park South, Oxford, OX4 2SU***  Or scan and attach to email and send securely to [pension.services@oxfordshire.gov.uk](mailto:pension.services@oxfordshire.gov.uk)  You will find more details and the full privacy notice on [www.oxfordshire.gov.uk/cms/content/administration-and-performance](http://www.oxfordshire.gov.uk/cms/content/administration-and-performance) You are welcome to contact Pension Services with any questions about how we use and or share your information, find out more about your rights or to see what information we hold. |