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| *Medical certificate for a member with a deferred pension provided for an independent, approved, duly qualified registered medical practitioner in accordance with regulation D11 of the Local Government Pension Scheme Regulations 1995 (as amended) and for the purposes of section 229(4) of the Finance Act 2004.* |
| * **Part A and C to be completed by the employer** * **Part B to be completed by the Approved *(see guidance note 1)* Independent Registered Medical Practitioner (IRMP).** |
| **Part A: To be completed by the former Scheme employer** |
| Full Name of former employee:  Mr / Mrs / Miss / Ms\* *(\*delete as appropriate)*  Date of birth:  NI Number:  Home address:    Employer at date of becoming a deferred member-:  Position *(post title)* at date of becoming a deferred member:  Date ceased to be an active scheme member  Nature of employment at date of becoming a deferred member: *(Please give full description of the requirements of the job and / or attach a copy of the job description if available)*      Date of application for early payment of deferred benefits: |

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| Meaning of Terms  1. The IRMP signing the certificate must have been approved for this purpose by the Oxfordshire Pension Fund. 2. ‘Permanently incapable’ means that the person will, more likely than not, be incapable of discharging efficiently the duties of their former employment with the employer because of ill health or infirmity of mind or body until, at the earliest, their 65th birthday (age 70 in the case of former coroners). 3. Certification of limited life expectancy of less than 1 year may only be provided by a fully registered person within the meaning of the Medical Act 1983. The full text of the Act can be found at [www.gmc-uk.org/about/legislation/medical\_act.asp#2](http://www.gmc-uk.org/about/legislation/medical_act.asp#2) 4. A Deferred Member is a person who left the scheme having an entitlement to a pension but not to an immediate payment on leaving |
| **Part B: To be completed by the approved** *(see guidance note 1)* **registered medical practitioner. Please provide your opinion as to the capability of the person named in A to carry out their previous employment, based solely on the effect of the medical condition.** |
| **Please tick either B1 or B2**  I certify that, in my opinion, the person named in Part A  B1: **IS**  B2: **IS NOT**  on the balance of probabilities, permanently incapable ***(see guidance note 2)****,* 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 B2 has been ticked please move to Independent Registered Medical Practitioners Statement (page4).**  **If B1 has been ticked, please complete the date in B3:**    I certify that the date the person became permanently incapable was   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | B3: | D | D | M | M | Y | Y | Y | Y |   and that this was discoverable at that time based on evidence available at that time.  (Note: the date entered can be earlier than, and need not correspond with, the date of the person’s application for early payment of deferred benefits, as shown in Part A, and will be used as the date from which the pension benefits will be payable). |
| **If B1 has been ticked and the person named in Part A is under age 55 at the date entered in B3, please tick B4 or B5**  I certify that, in my opinion, the person named in Part A    B4: **IS** B5: **IS NOT**  permanently incapable by reason of disability caused by physical or mental infirmity of engaging in anyregular full-time employment and, if B4 has been ticked, the date from which he / she became so incapable was -   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | B6: | D | D | M | M | Y | Y | Y | Y |   Note: a date entered at B6 can be the same as, or later than, the date entered at B3 and is used to determine the date from which the pension should be increased under Pensions Increase legislation). |
| **If B1 has been ticked, please tick B7 or B8**  I certify ***(see guidance note 3)*** that, in my opinion, the person named in Part A  B7: **IS** exceptionally ill, with a life expectancy of less than 1 year and  **is / is not**\* *(delete as appropriate)* aware of this.  **OR**  B8: **IS NOT** exceptionally ill and has a life expectancy of 1 year or more. |

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| Independent Registered Medical Practitioners Statement I attach a copy of my full report / assessment and I certify that:   * I have not previously advised, or given an opinion on, or otherwise been involved in this case; and * I am not acting, and have not at any time acted, as the representative of the person named in Part A, the former employer or any other party in relation to this case; 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.   Date:  Signature of independent registered medical practitioner    Printed name of independent registered medical practitioner  Registered medical practitioner’s / company’s official stamp |

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| Guidance notes for Employers If B2 has been ticked, the deferred member does not, in the medical opinion of the approved registered medical practitioner, meet the criteria for early release of the deferred pension benefits under the LGPS.  If B1 has been ticked, the deferred member does, in the medical opinion of the approved registered medical practitioner, meet the criteria for early release of the deferred pension benefits under the LGPS.  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.  If B7 has been ticked the Pension Fund administering authority may pay the member a lump sum equal to 5 times the member’s annual pension. If such a payment is made this does not constitute a 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 updated 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. |
| **PART C: To be completed by the employer, recording the decision: release the deferred pension early, or not, due to permanent ill health, to the person named in part A** |
| ***Please tick either C1 or C2:***  This authority has obtained a certificate and relevant supporting information and has decided  C1: **TO**  C2: **NOT TO**  release the pension early to the person named in part A underregulation D11 of the Local Government Pension Scheme Regulations 1995 (as amended).  If C1 ticked I confirm the pension is payable from …../……../………. .  I confirm I have told the member of the decision and the right of appeal  Signature *(for and on behalf of employer)*:  Date:  Print Name of Authorised Signatory:  ***If an ill health retirement has been approved, please send this entire certificate / notice to***  ***Pension Services,***  ***Oxfordshire Pension Fund,***  ***4640 Kingsgate,***  ***Oxford Business Park South, Oxford, OX4 2SU***  ***Or scan and attach to email securely to*** [pension.services@oxfordshire.gov.uk](mailto:pension.services@oxfordshire.gov.uk) |