

Local Government
House, Smith Square,
London SW1P 3HZ

Tel 020 7187 7373
Fax 020 7664 3030

pay, pensions and
employment solutions

The Local Government Pensions Committee
Secretary: Terry Edwards

CIRCULAR

Please pass on sufficient copies of this Circular to your Personnel and Pensions Officer(s) as quickly as possible

No. 221 – DECEMBER 2008

ILL HEALTH CERTIFICATES – ENGLAND AND WALES

Purpose of this circular:

1. Circular 212 of July 2008 set out the ill health retirement provisions currently applicable under the LGPS in England and Wales and provided sample ill health certificates. Following discussions at the Ill Health Monitoring Group, the sample certificates have been slightly updated and, as promised in Circular 212, two further sample certificates have been added for use when reviewing 3rd tier ill health retirement cases. The revised / new certificates are attached to this Circular and are:
 - ill health retirement certificate for current employees (determinations made after 30 September 2008)
 - ill health certificate for a deferred beneficiary who ceased membership as an employee on or after 1 April 2008
 - ill health certificate for a deferred beneficiary who ceased membership as an employee between 1 April 1998 and 31 March 2008
 - ill health certificate for a deferred beneficiary who ceased membership as an employee prior to 1 April 1998
 - ill health retirement certificate for current councillors
 - ill health certificate for a deferred councillor member
 - 3rd tier ill health retirement review certificate for a current 3rd tier pensioner – review taking place within 3 years of date of cessation of employment
 - 3rd tier ill health retirement review certificate for a suspended 3rd tier pensioner – review taking place within 3 years of original date of leaving

Email info@lge.gov.uk

www.lge.gov.uk

Managing Director Jan Parkinson


part of the LGA group

2. **Authorities should not use the sample certificates without checking with their pension fund administering authority. This is because the administering authority may well have their own certificates / forms which they wish employers in their Fund to use.**
3. Authorities may be aware that in a recent note dated 10 December 2008, the ALAMA¹ Committee advised its members to refuse to sign certificates “that refer to the likelihood of obtaining gainful employment”. Despite the ALAMA note, the sample certificates attached to this Circular which cover cases under the new look LGPS from April 2008 continue to refer to the likelihood of obtaining gainful employment. They do so because that is what regulation 20(5) of the LGPS (Benefits, Membership and Contributions) Regulations 2007 statutorily requires. In an attempt to overcome some of the ALAMA concerns, relevant footnotes to the certificates make it clear that the independent registered medical practitioner is being asked to provide an opinion on the person’s capability of obtaining gainful employment based solely on the effect the medical condition has on the ability to undertake gainful employment.

Actions for administering authorities

4. Administering authorities in England and Wales may wish copy this Circular to employers in their Fund or bring the Circular to the attention of employers by directing them to the [Circular on the LGE website](#).

Terry Edwards
Head of Pensions
December 2008

¹ Association of Local Authority Medical Advisers

Example Medical Certificate for a Current Employee – England and Wales – for determinations made after 30 September 2008.

Medical certificate to be provided by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 20 of the Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007 (as amended) in respect of a current employee.

Part A: To be completed by the employer

Surname of employee:

Forenames:

Mr / Mrs / Miss / Ms*

Date of birth:

NI Number:

Home address:

Employer:

Place of work:

Nature of employment (job description attached):

Have the employee's contractual hours been reduced as a result of their ill health or infirmity of mind or body? Yes / No * (If 'Yes', please attach a statement providing background details e.g. factors that led to the reduction in hours, date(s) reduction(s) in hours occurred. This is to assist the registered medical practitioner when answering questions B8/B9).

(*delete as appropriate)

Part B: To be completed by the approved (1) registered medical practitioner. Please tick appropriate boxes.

Please tick either B1 or B2

I certify that, in my opinion, the employee named in Part A

B1: IS

B2: IS NOT

on the balance of probabilities, permanently incapable (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 B1 has been ticked, please tick B3 or B4

I certify that, in my opinion, as a result of that ill health or infirmity the employee named in Part A

B3: DOES

B4: DOES NOT

have a reduced likelihood of being capable of obtaining (3) other gainful employment (4), whether in local government or elsewhere, before age 65.

If B3 has been ticked I further certify that, in my opinion:

B5: As a result of their ill health or infirmity, there is no reasonable prospect of the employee named in Part A being capable of obtaining (3) gainful employment (4) before age 65.

OR

B6: Although, as a result of their ill health or infirmity, the employee named in Part A cannot obtain (3) gainful employment (4) within the next three years he / she is likely to be capable of gainful employment (4) at some time thereafter and before age 65.

OR

B7: Having considered their ill health or infirmity, the employee named in Part A is likely to be capable of obtaining (3) gainful employment (4) within the next three years.

If B3 has been ticked and the contractual hours of the person named in Part A have been reduced by the employer (as indicated in Part A) 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 wholly or partly as a result of the condition that has caused him / her to be permanently incapable of discharging efficiently the duties of his / her employment (5).

General statement

I do / do not* 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 employee named in Part A, the 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, which has the meaning given by the General and Specialist Medical Practice (Education, Training and Qualification) Order 2003, 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.

..... Date:

Signature of independent registered medical practitioner

.....

Printed name of independent registered medical practitioner

(* delete as appropriate)

Important notes:

- (1) The independent registered medical practitioner signing the certificate must have been approved for this purpose by the Pension Fund administering authority.
- (2) 'Permanently incapable' means that the person will, more likely than not, be incapable until, at the earliest, their 65th birthday.
- (3) The independent registered medical practitioner is providing an opinion on the person's capability of obtaining gainful employment based solely on the effect the medical condition has on the ability to undertake gainful employment.
- (4) 'Gainful employment' means paid employment (whether in local government or elsewhere) 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) If the reason that the contractual hours have been reduced is wholly or partly as a result of the condition that has caused him / her to be permanently incapable of discharging efficiently the duties of his / her employment, then the Pension Fund administering authority will ignore the reduction in hours when calculating the pension benefits due to the scheme member.

Example Medical Certificate for a Deferred Beneficiary who ceased membership as an employee on or after 1 April 2008 – England and Wales.

Medical certificate to be provided 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) in respect of a deferred member.

Part A: To be completed by the former Scheme employer

Surname of former employee:

Forenames:

Mr / Mrs / Miss / Ms*

Date of birth:

NI Number:

Home address:

Former employer:

Former position (post title):

Nature of former employment**:

Date of cessation of former position:

Date of application for early payment of deferred benefits:

(*delete as appropriate)

(** please describe, or attach copy of job description if available)

**Part B: To be completed by the approved (1) registered medical practitioner.
Please tick appropriate boxes.**

Please tick either B1 or B2

I certify that, in my opinion, the person named in Part A

B1: **WAS**

B2: **WAS NOT**

at the date of application for early payment of deferred benefits shown in Part A, and on the balance of probabilities, permanently incapable (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 B1 has been ticked, please tick B3 or B4

I certify that, in my opinion, the ill health or infirmity of the person named in Part A

B3: **IS**

B4: **IS NOT**

likely to prevent him / her from obtaining (3) other gainful employment (4), whether in local government or elsewhere, within three years of the date of application shown in Part A or, if earlier, before age 65.

If B3 has been ticked and the person named in Part A is under age 55 at the date of application shown in Part A, please tick B5 or B6

I certify that, in my opinion, the person named in Part A

B5: **WAS**

B6: **WAS NOT**

at the date of application for early payment of deferred benefits shown in Part A, permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment (5).

(* delete as appropriate)

General statement

I do / do not* 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, which has the meaning given by the General and Specialist Medical Practice (Education, Training and Qualification) Order 2003, 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

Important notes:

- (1) The independent registered medical practitioner signing the certificate must have been approved for this purpose by the Pension Fund administering authority.
- (2) 'Permanently incapable' means that the person will, more likely than not, be incapable until, at the earliest, their 65th birthday.
- (3) The independent registered medical practitioner is providing an opinion on the person's capability of obtaining gainful employment based solely on the effect the medical condition has on the ability to undertake gainful employment.
- (4) 'Gainful employment' means paid employment (whether in local government or elsewhere) 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 former employment which gave rise to the deferred benefits in the Local Government Pension Scheme.
- (5) The answer to this question will determine whether or not the pension will be immediately increased under Pensions Increase legislation. If B5 is ticked, the pension will be subject to immediate increase.

Example Medical Certificate for a Deferred Beneficiary who ceased membership as an employee on or after 1 April 1998 and before 1 April 2008 – England and Wales.

Medical certificate to be provided by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 97 of the Local Government Pension Scheme Regulations 1997 (as amended) in respect of a deferred member.

Part A: To be completed by the former Scheme employer

Surname of former employee:

Forenames:

Mr / Mrs / Miss / Ms*

Date of birth:

NI Number:

Home address:

Former employer:

Former position (post title):

Nature of former employment**:

Date of cessation of former employment:

Was the person referred to an approved Independent Registered Medical Practitioner (IRMP) when the former employment ceased to assess eligibility for an ill-health pension?
Yes / No*

Date of application for early payment of deferred benefits:

(*delete as appropriate)

(** please describe, or attach copy of job description if available)

**Part B: To be completed by the approved (1) registered medical practitioner.
Please tick appropriate boxes.**

Please tick either B1 or B2

I certify that, in my opinion, the person named in Part A

B1: **WAS** B2: **WAS NOT**

at the date of application for early payment of deferred benefits shown in Part A, and on the balance of probabilities, permanently incapable (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 B1 has been ticked and the person was NOT referred to an approved Independent Registered Medical Practitioner when the former employment ceased (see answer given in Part A), please tick B3 or B4

I certify that, in my opinion, and based on evidence that would have been discoverable at the date the person named in Part A ceased their former employment, the person

B3: **WAS** B4: **WAS NOT**

on the balance of probabilities, permanently incapable (2), because of ill health or infirmity of mind or body, of discharging efficiently the duties of his / her former employment as at the date of cessation of that employment as shown in Part A. (Note: the answer is used to determine whether the case should be treated as a deferred benefit into payment with no enhancement, or a retrospective ill health pension with enhancement).

If B1 has been ticked, but not B3, and the person named in Part A is under age 55 at the date of application shown in Part A, please tick B5 or B6

I certify that, in my opinion, the person named in Part A

B5: **WAS** B6: **WAS NOT**

at the date of application for early payment of deferred benefits shown in Part A, permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment. (Note: the answer is used to determine whether the pension should be immediately increased under Pensions Increase legislation).

If B1 has been ticked, please tick B7 or B8

I certify (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 aware of this and is not aware of this

B8: **IS NOT** exceptionally ill and has a life expectancy of 1 year or more

General statement

I do / do not* 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, which has the meaning given by the General and Specialist Medical Practice (Education, Training and Qualification) Order 2003, 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

(* delete as appropriate)

Important notes:

- (1) The independent registered medical practitioner signing the certificate must have been approved for this purpose by the Pension Fund administering authority.
- (2) 'Permanently incapable' means that the person will, more likely than not, be incapable 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

Example Medical Certificate for a Deferred Beneficiary who ceased membership as an employee before 1 April 1998 – England and Wales.

Medical certificate to be provided by an independent, approved, duly qualified registered medical practitioner in accordance with regulation D11 of the Local Government Pension Scheme Regulations 1995 (as amended) in respect of a deferred member.

Part A: To be completed by the former Scheme employer

Surname of former employee:

Forenames:

Mr / Mrs / Miss / Ms*

Date of birth:

NI Number:

Home address:

Former employer:

Former position (post title):

Nature of former employment**:

Date of cessation of former employment:

Date of application for early payment of deferred benefits:

(*delete as appropriate)

(** please describe, or attach copy of job description if available)

**Part B: To be completed by the approved (1) registered medical practitioner.
Please tick appropriate boxes.**

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 (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 B1 has been ticked:

I certify that the date the person became permanently incapable (2) was

B3: [Enter date] 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

B5: IS B6: IS NOT

permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment and that the date from which he / she became so incapable was

B7: [Enter date if B5 has been ticked]

(Note: a date entered at B7 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 B8 or B9

I certify (3) that, in my opinion, the person named in Part A

B8: IS exceptionally ill, with a life expectancy of less than 1 year
 and is aware of this and is not aware of this

B9: IS NOT exceptionally ill and has a life expectancy of 1 year or more

General statement

I do / do not* 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, which has the meaning given by the General and Specialist Medical Practice (Education, Training and Qualification) Order 2003, 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

(* delete as appropriate)

Important notes:

- (1) The independent registered medical practitioner signing the certificate must have been approved for this purpose by the Pension Fund administering authority.
- (2) 'Permanently incapable' means that the person will, more likely than not, be incapable 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

Example Medical Certificate for a Current Councillor – England and Wales.

Medical certificate to be provided by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 97 of the Local Government Pension Scheme Regulations 1997 (as amended) in respect of a current councillor member.

Part A: To be completed by the authority

Surname of councillor:

Forenames:

Mr / Mrs / Miss / Ms*

Date of birth:

NI Number:

Home address:

Authority:

Nature of office: Councillor (description of role attached)

(*delete as appropriate)

Part B: To be completed by the approved (1) registered medical practitioner. Please tick appropriate boxes.

Please tick either B1 or B2

I certify that, in my opinion, the Councillor named in Part A

B1: IS

B2: IS NOT

on the balance of probabilities, permanently incapable (2) of discharging efficiently the duties of his / her office as a councillor with his / her authority because of ill health or infirmity of mind or body.

If B1 has been ticked, please tick B3 or B4

I certify (3) that, in my opinion, the Councillor named in Part A

B3: IS exceptionally ill, with a life expectancy of less than 1 year

and is aware of this

and is not aware of this

B4: IS NOT exceptionally ill and has a life expectancy of 1 year or more

General statement

I do / do not* 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 Councillor named in Part A, the authority 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, which has the meaning given by the General and Specialist Medical Practice (Education, Training and Qualification) Order 2003, 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

(* delete as appropriate)

Important notes:

- (1) The independent registered medical practitioner signing the certificate must have been approved for this purpose by the Pension Fund administering authority.
- (2) 'Permanently incapable' means that the person will, more likely than not, be incapable until, at the earliest, their 65th birthday.
- (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

Example Medical Certificate for a Deferred Councillor Member – England and Wales.

Medical certificate to be provided by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 97 of the Local Government Pension Scheme Regulations 1997 (as amended) in respect of a deferred councillor member.

Part A: To be completed by the former authority

Surname of former councillor:

Forenames:

Mr / Mrs / Miss / Ms*

Date of birth:

NI Number:

Home address:

Former authority:

Former office: Councillor

Date ceased to hold office as a councillor (and ceased to be an active member of the LGPS):

When the person ceased to be a councillor (and an active member of the LGPS) was he / she referred to an approved Independent Registered Medical Practitioner to assess eligibility for an ill-health pension? Yes / No*

Date of application for early payment of deferred benefits:

(*delete as appropriate)

**Part B: To be completed by the approved (1) registered medical practitioner.
Please tick appropriate boxes.**

Please tick either B1 or B2

I certify that, in my opinion, the person named in Part A

B1: **WAS** B2: **WAS NOT**

at the date of application for early payment of deferred benefits shown in Part A, and on the balance of probabilities, permanently incapable (2), because of ill health or infirmity of mind or body, of discharging efficiently the duties of his / her former office as a councillor which gave rise to the deferred benefits in the Local Government Pension Scheme.

If B1 has been ticked and the person was NOT referred to an approved Independent Registered Medical Practitioner when the former office ceased (see answer given in Part A), please tick B3 or B4

I certify that, in my opinion, and based on evidence that would have been discoverable at the date the person named in Part A ceased their former office as a councillor, the person

B3: **WAS** B4: **WAS NOT**

on the balance of probabilities, permanently incapable (2), because of ill health or infirmity of mind or body, of discharging efficiently the duties of his / her former office as a councillor as at the date of cessation of that office as shown in Part A. (Note: the answer is used to determine whether the case should be treated as a deferred benefit into payment with no enhancement, or a retrospective ill health pension with enhancement).

If B1 has been ticked, but not B3, and the person named in Part A is under age 55 at the date of application shown in Part A, please tick B5 or B6

I certify that, in my opinion, the person named in Part A

B5: **WAS** B6: **WAS NOT**

at the date of application for early payment of deferred benefits shown in Part A, permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment. (Note: the answer is used to determine whether the pension should be immediately increased under Pensions Increase legislation).

If B1 has been ticked, please tick B7 or B8

I certify (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 aware of this and is not aware of this

B8: **IS NOT** exceptionally ill and has a life expectancy of 1 year or more

General statement

I do / do not* 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 authority 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, which has the meaning given by the General and Specialist Medical Practice (Education, Training and Qualification) Order 2003, 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

(* delete as appropriate)

Important notes:

- (1) The independent registered medical practitioner signing the certificate must have been approved for this purpose by the Pension Fund administering authority.
- (2) 'Permanently incapable' means that the person will, more likely than not, be incapable until, at the earliest, their 65th birthday.
- (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

Example 3rd Tier III Health Retirement Review Certificate for a Current 3rd Tier Pensioner – England and Wales – Review taking place within 3 years of date of cessation of employment.

Medical certificate to be provided by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 20 of the Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007 (as amended) in respect of a 3rd tier pensioner whose pension is currently in payment.

Part A: To be completed by the employer

Surname of employee:

Forenames:

Mr / Mrs / Miss / Ms*

Date of birth:

NI Number:

Home address:

Former Employer:

Former position (post title):

Nature of former employment (job description attached):

Date of cessation of former position:

The person named above was, at the date of cessation of their former position, certified as being, on the balance of probabilities, permanently incapable (1) 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 having a reduced likelihood of being capable of obtaining other gainful employment (2), whether in local government or elsewhere, before age 65, it was nevertheless likely that he / she would be capable of obtaining gainful employment (2) within 3 years of the date of cessation of employment. He / she was awarded a short-term, reviewable, 3rd tier pension. It is now necessary to review, in accordance with regulation 20 of the Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007, whether he / she is still capable of obtaining (7) gainful employment (2) within 3 years of the date of cessation of employment.

(*delete as appropriate)

Part B: To be completed by the approved (3) registered medical practitioner. Please tick appropriate boxes.

Please tick either B1 or B2

I certify that, in my opinion, having considered their ill health or infirmity, the person named in Part A

B1: **IS STILL** B2: **IS NOT** (4)

likely to be capable of obtaining (7) gainful employment (2) within three years of the date of leaving shown in Part A.

If B1 has been ticked, please tick B3 or B4

I certify that, in my opinion, the person named in Part A

B3: **IS CURRENTLY CAPABLE OF OBTAINING (7) GAINFUL EMPLOYMENT**
(2)(5)

B4: **IS NOT CURRENTLY CAPABLE OF OBTAINING (7) GAINFUL EMPLOYMENT (2) BUT IS LIKELY TO BE CAPABLE OF DOING SO WITHIN THREE YEARS OF THE DATE OF LEAVING SHOWN IN PART A. I WOULD LIKE TO REVIEW THIS CASE [REDACTED] [ENTER DATE, BEING A DATE GREATER THAN 18 MONTHS BUT LESS THAN THREE YEARS AFTER THE DATE OF LEAVING SHOWN IN PART A]** (6)

General statement

I do / do not* attach a copy of my full report / assessment and I certify that:

I hold a diploma in occupational health medicine (D Occ Med) or an equivalent qualification issued by a competent authority in an EEA State, which has the meaning given by the General and Specialist Medical Practice (Education, Training and Qualification) Order 2003, 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.

..... Date:
Signature of independent registered medical practitioner (8)

.....
Printed name of independent registered medical practitioner (8)
(* delete as appropriate)

Important notes:

- (1) 'Permanently incapable' means that the person was, more likely than not, incapable until, at the earliest, their 65th birthday.
- (2) 'Gainful employment' means paid employment (whether in local government or elsewhere) 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 former employment.
- (3) The independent registered medical practitioner signing the certificate must have been approved for this purpose by the Pension Fund administering authority.
- (4) If Box B2 is ticked, the former employer can determine to award an enhanced (2nd tier) ill health pension, payable from the date of their determination.
- (5) If Box B3 is ticked, the 3rd tier ill health pension will cease to be payable.
- (6) If Box B4 is ticked, the 3rd tier ill health pension will continue in payment but the case is to be referred back to the independent medical practitioner at the time indicated by the independent medical practitioner for a further review (unless the pension is stopped before then upon the person obtaining gainful employment).
- (7) The independent registered medical practitioner is providing an opinion on the person's capability of obtaining gainful employment based solely on the effect the medical condition has on the ability to undertake gainful employment.
- (8) The independent registered medical practitioner signing the certificate does not have to be a different independent medical practitioner to the one who originally certified the scheme member's permanent incapacity at the date of leaving i.e. the same practitioner can sign this certificate too.

Example 3rd Tier III Health Retirement Review Certificate for a Suspended 3rd Tier Pensioner – England and Wales – Review Taking Place Within 3 Years of Original Date of Leaving

Medical certificate to be provided by an independent, approved, duly qualified registered medical practitioner in accordance with regulations 20 and 31 of the Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007 (as amended) in respect of a 3rd tier pensioner whose pension is currently suspended and the review is taking place within 3 years of the original date of leaving.

Part A: To be completed by the employer

Surname of employee:

Forenames:

Mr / Mrs / Miss / Ms*

Date of birth:

NI Number:

Home address:

Former Employer:

Former position (post title):

Nature of former employment (job description attached):

Date of cessation of former position:

Date of application for review and / or early payment of benefits:

The person named above was, at the date of cessation of their former position, certified as being, on the balance of probabilities, permanently incapable (1) 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 having a reduced likelihood of being capable of obtaining other gainful employment (2), whether in local government or elsewhere, before age 65, it was nevertheless felt likely that he / she would be capable of obtaining gainful employment (2) within 3 years of the date of cessation of employment. He / she was awarded a short-term, reviewable, 3rd tier pension. The pension was subsequently suspended on the grounds that he / she had obtained, or had become capable of obtaining, gainful employment (2) within 3 years of the date of cessation. The person has now requested a further review (within 3 years of the date of cessation of employment) claiming that their position has changed and they are no longer capable of obtaining (6) gainful employment (2) within 3 years of the date of cessation.

(*delete as appropriate)

Part B: To be completed by the approved (3) registered medical practitioner. Please tick appropriate boxes.

Please tick either B1 or B2 (4)

I certify that, in my opinion, having considered the ill health or infirmity that originally led to the termination of the employment of the person named in Part A, that person

B1: **IS STILL** B2: **IS NO LONGER, due to THAT condition**

capable of obtaining (6) gainful employment (2) within three years of the date of leaving shown in Part A.

If B1 has been ticked please tick either B3 or B4 (4)

I certify that, in my opinion, the person named in Part A

B3: **WAS** (5) B4: **WAS NOT**

at the date of application for early payment of benefits shown in Part A, and on the balance of probabilities, permanently incapable (1), because of ill health or infirmity of mind or body, of discharging efficiently the duties of his / her former employment.

If B3 has been ticked, please tick B5 or B6 (4)

I certify that, in my opinion, the **current** ill health or infirmity of the person named in Part A

B5: **IS** B6: **IS NOT**

likely to prevent him / her from obtaining (6) other gainful employment (2), whether in local government or elsewhere, within three years of the date of application shown in Part A or, if earlier, before age 65.

If B5 has been ticked and the person named in Part A is under age 55 at the date of application shown in Part A, please tick B7 or B8

I certify that, in my opinion, the person named in Part A

B7: **WAS** B8: **WAS NOT**

at the date of application for early payment of benefits shown in Part A, permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment. (Note: the answer is used to determine whether the pension should be immediately increased under Pensions Increase legislation).

General statement

I do / do not* attach a copy of my full report / assessment and I certify that:

I hold a diploma in occupational health medicine (D Occ Med) or an equivalent qualification issued by a competent authority in an EEA State, which has the meaning given by the General and Specialist Medical Practice (Education, Training and Qualification) Order 2003, 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.

..... Date:
Signature of independent registered medical practitioner (7)

.....
Printed name of independent registered medical practitioner (7)

(* delete as appropriate)

Important notes:

- (1) 'Permanently incapable' means that the person was, more likely than not, incapable until, at the earliest, their 65th birthday.
- (2) 'Gainful employment' means paid employment (whether in local government or elsewhere) 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 former employment.
- (3) The independent registered medical practitioner signing the certificate must have been approved for this purpose by the Pension Fund administering authority.
- (4) If Box B2 is ticked, the former employer can determine to award an **enhanced** (2nd tier) ill health pension, payable from the date of their determination. In deciding whether the person meets the criterion for Box B2, the independent registered medical practitioner must assess whether, in his / her opinion, the person is no longer capable of obtaining (6) gainful employment (2) within three years of the date of leaving shown in Part A of the form **purely as a result of the condition that had originally led to the termination of their employment.**
If the person is:
 - still capable of obtaining (6) gainful employment (2) within three years of the date of leaving shown in Part A, or
 - no longer capable of obtaining (6) gainful employment (2) within three years of the date of leaving shown in Part A of the form **but this is due to a condition beyond that which had originally led to the termination of their employment**
 then Box B1 should be ticked.

If Box B1 is ticked, the suspended 3rd tier pension will **not** be brought back into payment.

However, if Box B1 is ticked, the independent registered medical practitioner should then consider the questions at B3 / B4. This is because, as Box B1 has been ticked, the suspended pension can be treated as if it were a deferred pension and be brought into payment at an **unenanced** rate if the scheme member is permanently incapable (1), because of ill health or infirmity of mind or body, of discharging efficiently the duties of his / her former employment and is not capable of obtaining (6) gainful employment (2) within three years of the date of application shown in Part A or, if earlier, before age 65 **but the reason they are no longer capable is due to a condition beyond that which had originally led to the termination of their employment, (i.e. it is not purely due to the condition that had originally led to the termination of their employment)**, in which case the independent registered medical practitioner would tick Boxes B3 and B5.

If Box B6 is ticked, the suspended pension will **not** be brought back into payment (neither as a 3rd tier pension nor as a deferred pension into payment).

- (5) It is highly unlikely that Box B3 would not be ticked given that a person with a suspended 3rd tier ill health pension will already have been assessed, prior to their employment being terminated, as being permanently incapable, because of ill health or infirmity of mind or body, of discharging efficiently the duties of his / her former employment.
- (6) The independent registered medical practitioner is providing an opinion on the person's capability of obtaining gainful employment based solely on the effect the medical condition has on the ability to undertake gainful employment.
- (7) The independent registered medical practitioner signing the certificate does not have to be a different independent medical practitioner to the one who originally certified the scheme member's permanent incapacity at the date of leaving i.e. the same practitioner can sign this certificate too.

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LGPC
Local Government House
Smith Square
London
SW1P 3HZ

or email: terry.edwards@lge.gov.uk
tel 020 7187 7346
fax 020 7187 7367