

Avon Pension Fund

Bath & North East Somerset Council

Lewis House, Manvers Street

Bath, BA1 1JG

E: avonpensionfund@bathnes.gov.uk

W: avonpensionfund.org.uk

T: 01225 395100

|  |  |
| --- | --- |
| **Medical Certificate for a Deferred Beneficiary who ceased** **membership as an employee on or after 1 April 2014** | **LGPS 18D** |

|  |
| --- |
| **PART A – Former Employee Details (To be completed by the former Scheme employer)** |

|  |  |  |  |
| --- | --- | --- | --- |
| SURNAME: |       | FORENAME(S): |       |
| DATE OF BIRTH: |       | NI NUMBER: |       |
| HOME ADDRESS: |       |
|       |
| FORMER EMPLOYER: |       |
| FORMER POST TITLE: |       |
| DATE OF CESSATION OF FORMER EMPLOYMENT: |       |
| NATURE OF FORMER EMPLOYMENT: |       |
|       |
|       |

|  |  |
| --- | --- |
| **PART B - To be completed by the approved¹ registered medical practitioner** |  |

**Please tick either B1 or B2**

I certify that, in my opinion, the person named in Part A **was** **[ ]  (B1), was not** **[ ]  (B2)** permanently incapable² 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 Part C of this form.**

**If B1 has been ticked, please tick B3 or B4**

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

**Is** **[ ]  (B3), Is not** **[ ]  (B4)** unlikely to be capable of undertaking³ gainful employment4 before reaching normal pension age5, or for at least three years, whichever is the sooner.

**If B4 has been ticked please move to Part C of this form.**

**If B3 has been ticked and the person named in Part A is under age 55, please tick B5 or B6 (otherwise please move to Part C of this form).**

I certify that, in my opinion, the person named in Part A **Is [ ]  (B5), Is not [ ]  (B6)** permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment.

Please now complete Part C.

|  |  |
| --- | --- |
| **PART C - General statement to be completed by the approved1 registered medical practitioner** |  |

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\*.

|  |  |  |
| --- | --- | --- |
|       | Date: |       |
| Signature of independent registered medical practitioner |       |

|  |  |  |
| --- | --- | --- |
|       | GMC Number: |       |
| Printed name of independent registered medical practitioner |       |

Registered medical practitioner’s / company’s official stamp or address *(Mandatory)*

|  |
| --- |
|  |

(\* the latest versions of the guidance document, and the supplementary guidance document, are available from the table at <http://timeline.lge.gov.uk/Statutory%20Guidance%20and%20circulars/statguide.htm>)

**Explanatory notes to accompany certificate**

**Meaning of terms used**

1 The independent registered medical practitioner signing the certificate must have been approved for this purpose by Bath and NE Somerset Council as the administering authority for the Avon 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 normal retirement age (see 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 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 former employment which gave rise to the deferred benefits in the Local Government Pension Scheme.

5 ‘Normal pension age’ means the employee’s individual State pension age at the time the deferred benefit is to be brought into payment, but with a minimum of age 65. State pension age is currently age 65 for men.

6 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

**General – notes for employers**

If B2 or B4 have 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 and B3 have 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 the former employer agrees to bring the deferred pension into payment early, the pension is payable from the date of the former employer’s determination that the member meets the criteria for early release of the deferred pension benefits under the LGPS (and not from the date of the member’s application for early payment or from the date the IRMP signs this certificate).

*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.*

*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 36 of the Local Government Pension Scheme Regulations 2013.*

**Avon Pension Fund, Local Government Pension Scheme administered by Bath & North East Somerset Council.**

**Data Protection:** Avon Pension Fund is a Data Controller as defined in the UK GDPR. We store, hold and manage your personal data in line with statutory requirements to provide you with pension administration services. For more information about how we process your data, your individual rights and answers to frequently asked questions, please visit our website: [avonpensionfund.org.uk](https://www.avonpensionfund.org.uk/)