



Medical Certificate for Current Member

Form 1

SECTION 1 - Member's Details (to be completed by the Employer)

Name of Member:		Title:	
Home Address:			
		Post Code:	
N.I. Number:		Date of Birth:	
Employing Authority:			
Post / Department:**			
Scheme Start Date:		Hours of Employment:	
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 of mind or body?	YES		NO
<p>(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 completing Section 3).</p>			
<p>**Please also attach the Job Description and any other applicable details to distinguish Nature of Employment</p>			

SECTION 2 - Medical Practitioner's Certification

A	I certify that, in my opinion, the member named in Section 1, IS / IS NOT (please delete as appropriate) suffering from a condition that, more likely than not, renders him/her <u>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</u> . (If deemed NOT to be permanently incapable, please proceed to Section 6 otherwise complete Part B).	
B	I certify that, because of that ill health or infirmity of mind or body, the member IS / IS NOT (please delete as appropriate) <u>immediately capable of undertaking any gainful employment</u> . (If deemed NOT to be immediately incapable, please proceed to Section 6, otherwise complete C).	
C	If Part 'A' is completed with 'IS and Part 'B' has been completed with 'IS NOT', please indicate which of the following applies. I certify that, in my opinion, as a result of that ill health or infirmity, the member:	✓
T1	IS UNLIKELY to be capable of undertaking gainful employment before his / her Normal Pension Age. (TIER 1) .	
T2	IS UNLIKELY to be capable of undertaking any gainful employment within the next three years, but IS LIKELY to be capable of undertaking gainful employment at some time thereafter and before his / her Normal Pension Age. (TIER 2) .	
T3	IS LIKELY to be capable of undertaking gainful employment within the next three years (or before his / her Normal Pension Age, if earlier). (TIER 3) .	

SECTION 3 - Medical Practitioner's Certification for Part-Time Service

(ONLY complete if Option T1 or T2 has been ticked under Section 2/C and the member has been working reduced contractual hours and had reduced pensionable pay as a consequence of the reduction in working hours.

I certify that, in my opinion, the member named in Section 1 **IS / IS NOT** (please delete as appropriate) in part-time service and working reduced contractual hours wholly or partly a result of the condition that caused or contributed to the member's ill health retirement.

SECTION 4 - Severe Ill Health Test Statement (as required by HMRC)

If T1/T2 or T3 has been completed:

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

As a result of his / her ill health or infirmity, the member 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 before State Pension age.

(Note: the answer to this question 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 5 - Medical Practitioner's Comments

SECTION 6 - Medical Practitioner's Declaration

I **DO / DO NOT** (please delete as appropriate) attach a copy of my full report / assessment and 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' 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 document is available at:

<http://lgpsregs.org/timelineregs/Statutory%20Guidance%20and%20circulars/statguide.htm>

STAMP
(If applicable)

Signature:			
Print Name:		Date:	

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.