



CRONFEYDD PENSIWN CYMRU



ALL WALES PENSION FUNDS

Form 2

Medical Certificate for Deferred Members who Left on or after 1 April 2014

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

Name of Deferred Member:		Title:	
Home Address:			
		Post Code:	
N.I. Number:		Date of Birth:	
Employer at date of becoming a deferred scheme member:			
Post title at date of becoming a deferred scheme member:			
Date of Termination:		Date of Application:	
<p>*Please attach Job Description and any other applicable details to distinguish Nature of Employment at date of becoming a Deferred Scheme Member.</p>			

SECTION 2 - Medical Practitioner's Certification

A	<p>I certify that, in my opinion, this deferred member IS / IS NOT (please delete as appropriate) <u>permanently incapable, because of ill health or infirmity of mind or body, of discharging efficiently the duties of his / her former employment</u> which gave rise to the deferred benefits in the Local Government Pension Scheme. (If deemed IS, please complete part B. (If deemed IS NOT, please proceed to Section 4).</p>
B	<p>I certify that, in my opinion, as a result of their ill health or infirmity, this deferred member IS / IS NOT (please delete as appropriate) <u>unlikely to be capable of undertaking gainful employment</u> before reaching his/her normal pension age, or for at least three years, whichever is the sooner. (If deemed IS NOT, please proceed directly to Section 4).</p>
<p>If IS has been selected under B and the deferred member is UNDER age 55, please complete part C. If OVER age 55, please proceed to Section 4.</p>	
C	<p>I certify that, in my opinion, this deferred member IS / IS NOT (please delete as appropriate) permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment. (Please now proceed to Section 4)</p>

SECTION 3 - Medical Practitioner's Comments

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SECTION 4 - Medical Practitioner's Declaration

STAMP (If applicable)

I **DO / DO NOT** (please delete as appropriate) attach a copy of my full report / assessment and certify that:

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://www.lgpsregs.org/index.php/dclg-publications/dclg-stat-guidance>

Signature:			
Print Name:		Date:	

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.