



**Medical Certificate for Deferred Members who Left on or before 1 April 1998**

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

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

**SECTION 2 - Medical Practitioner's Certification**

<b>A</b>	I certify that, in my opinion, this deferred member <b>IS / IS NOT</b> (please delete as appropriate) on the balance of probabilities, permanently incapable, 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 deemed <b>IS</b> , please complete part B below. If deemed <b>IS NOT</b> , please proceed to Section 5).
<b>B</b>	I certify that the date given directly below is the date that this deferred member became permanently incapable and that this was discoverable at that time based on the evidence available at that time.
	<b>ENTER DATE:</b>
<p>If <b>IS</b> has been selected under <b>Part A</b>, and the deferred member is <b>UNDER</b> age 55 at the date entered under <b>Part B</b>, please proceed to part C and then Section 3.</p>	
<b>C</b>	I certify that, in my opinion, this deferred member <b>IS / IS NOT</b> (please delete as appropriate) permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment and if deemed so, the date from which he / she became so incapable is as given directly below.
	<b>ENTER DATE:</b>

### SECTION 3 - Medical Practitioner's Certification for Severe Ill Health

<b>D</b>	I certify that, in my opinion, this deferred member:			✓
<b>1</b>	<b>IS</b> exceptionally ill, with a life expectancy of less than 1 year			
	Is the deferred member aware of this?	<b>YES</b>		<b>NO</b>
<b>2</b>	<b>IS NOT</b> exceptionally ill and has a life expectancy of 1 year or more			

### SECTION 4 - Medical Practitioner's Comments

### SECTION 5 - Medical Practitioner's Declaration

<p>I <b>DO / DO NOT</b> (please delete as appropriate) attach a copy of my full report / assessment and certify that:</p> <p>I have not previously advised, or given an opinion on, or otherwise been involved in this case <b>AND</b> I am not acting or have I ever acted as the representative of the deferred member, the former Scheme employer or any other party in relation to this case <b>AND</b></p> <p>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:</p>	<div style="border: 2px solid black; padding: 10px; width: 100%;"> <p><b>STAMP</b> (If applicable)</p> </div>		
<b>Signature:</b>			
<b>Print Name:</b>		<b>Date:</b>	

**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 D11 of the Local Government Pension Scheme Regulations 1995 (as amended) and for the purposes of section 229(4) of the Finance Act 2004.**