

**LOCAL GOVERNMENT PENSION SCHEME 2008**  
**Occupational Health Ill Health Retirement Certification for a Current Employee**

CERTIFICATE OF PERMANENT INCAPACITY AS DETERMINED BY AN INDEPENDENT REGISTERED MEDICAL PRACTITIONER  
QUALIFIED IN OCCUPATIONAL HEALTH MEDICINE (DOcc Med, AFOM, FFOM, MFOM) IN ACCORDANCE WITH  
LOCAL GOVERNMENT PENSION SCHEME REGULATIONS

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**PART A: TO BE COMPLETED BY THE EMPLOYER**

Surname of employee: \_\_\_\_\_ Title \_\_\_\_\_

Forenames: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ NINo: \_\_\_\_\_

Home Address: \_\_\_\_\_

Nature of Employment (job description attached): \_\_\_\_\_

Place of Work: \_\_\_\_\_

Contractual Hours and Weeks of Employment: \_\_\_\_\_

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 and effective dates. This is to assist the independent registered medical practitioner when answering questions 8 or 9).

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**PART B: TO BE COMPLETED BY THE APPROVED (see note 1) INDEPENDENT REGISTERED MEDICAL  
PRACTITIONER (please tick appropriate boxes)**

**Please tick either box 1 or box 2**

I hereby certify that, in my opinion, the person named in Part A **IS**  **IS NOT**  suffering from a condition that, on the balance of probabilities, renders him/her permanently incapable (see note 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 Box 2 has been ticked please move to Part D of this form.**

**If Box 1 has been ticked, please indicate which of the following (Boxes 3 to 6) applies:**

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

**DOES NOT**  have a reduced likelihood of being capable of undertaking (see note 3) gainful employment (see note 4), before his/her normal retirement age (see note 5). **(NOTE: if Box 3 has been ticked please move to Part D of this form).**

**OR, where the person named in Part A does have such a reduced likelihood of being incapable of undertaking (see note 3) gainful employment (see note 4) he/she:**

**HAS NO REASONABLE PROSPECT** of being capable of undertaking (see note 3) gainful employment (see note 4) before his/her normal retirement age (see note 5) **(TIER 1);**

**OR**

**IS NOT CAPABLE** of undertaking (see note 3) gainful employment (see note 4) within the next three years but he/she **IS LIKELY** to be capable of undertaking gainful employment (see note 4) at sometime thereafter and before his/her normal retirement age (see note 5) **(TIER 2);**

**OR**

**IS LIKELY** to be capable of undertaking (see note 3) gainful employment (see note 4) within the next three years (or before his/her normal retirement age (see note 5) **(TIER 3).**

If Box 4, 5 or 6 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 Box 7 or 8.

I certify that, in my opinion, the person named in Part A **IS**  Box 7 **IS NOT**  Box 8 in part-time employment

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.

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**PART C: TO BE COMPLETED BY THE APPROVED INDEPENDENT REGISTERED MEDICAL PRACTITIONER.  
SEVERE ILL HEALTH TEST STATEMENT AS REQUIRED BY HMRC**

If Box 4, 5 or 6 has been ticked I further certify that, in my opinion, the person named in Part A:

**DOES**  Box 9 **DOES NOT**  Box 10 **satisfy the following statement:**

As a result of his/her ill health or infirmity, the person named in Part A is unable to continue in his/her current job and is unlikely to be incapable of taking any other paid work in any capacity, otherwise than to an insignificant extent (*see note 6*) before State pension age (*see note 7*). (NOTE: the answer to this question is used to determine whether or not the person named in Part A could be subject to a tax charge in accordance with the annual allowance test under the Finance Act 2004).

**Please now complete Part D**

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**PART D: GENERAL STATEMENT TO BE COMPLETED BY THE APPROVED INDEPENDENT REGISTERED  
MEDICAL PRACTITIONER**

**I DO / DO NOT** attach a copy of my full report / assessment and **I CERTIFY THAT:**

a) I have not previously advised, or given an opinion on, or otherwise been involved in this case;

**AND**

b) I am not acting, and have not at any time acted, as the representative of the person named in Part A, the employer or any other party in relation to this case;

**AND**

c) I am registered with the General Medical Council;

**AND**

d) 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 (AFOM, MFOM or FFOM) or an equivalent institution in an EEA State

**AND**

e) I have given due regard to any guidance issued by the Secretary of State when completing this certificate. (see <http://timeline.lge.gov.uk/Statutory%20Guidance%20and%20circulars/statguide.htm>)

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Independent Registered Medical Practitioner

Printed Name: \_\_\_\_\_ Qualification(s) \_\_\_\_\_  
Printed name of Independent Registered Medical Practitioner

Registered Medical Practitioner's / Company's official stamp to be applied here (optional).

**Explanatory notes to accompany certificate**

- (1) The independent registered medical practitioner signing the certificate must have been approved for this purpose by The Royal Borough of Windsor & Maidenhead as the administering authority to The Royal County of Berkshire Pension Fund.
- (2) 'Permanently incapable' means that the person will, more likely than not, be incapable of discharging efficiently the duties of their employment with the employer because of ill health or infirmity of mind or body until, at the earliest, their normal retirement age (see note 5).
- (3) The independent 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 (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) 'Normal retirement age' means age 65 (apart from in the case of a small number of protected members who have a normal retirement age of 60 e.g. employees who were transferred to local government from the Learning and Skills Council for England on 1 April 2010).
- (6) 'Insignificant extent' means, for example, that the person could undertake voluntary work or unpaid work where out of pocket expenses are reimbursed or small amounts of travelling and subsistence payments are made. Any paid work should be insignificant, for example it should be infrequent or only for a few days during the year and the payment must be small in amount, not just as a proportion of the pay or salary they are earning in their current job.
- (7) State pension age is currently age 65 for men. State pension age for women is currently being increased to be equalised with that for men. The Government has announced that it will speed up the pace of State pension age equalisation for women, so that women's State pension age will reach 65 by November 2018. The State pension age will then increase to 66 for both men and women from December 2018 to October 2020. Under current legislation the State pension age is due to rise to 67 between April 2034 and April 2036 and to 68 between April 2044 and April 2046. For a full breakdown of State pension ages please see <http://www.pensionadvisoryservice.org.uk/state-pensions/state-pension-age-calculator>

## General

If Box 2 or Box 3 have been ticked, this means that the person named in Part A does not, in the medical opinion of the approved independent registered medical practitioner, meet the criteria for an ill health pension under the LGPS.

If Box 1 and Box 4 have been ticked, this means that the person named in Part A, in the medical opinion of the approved independent registered medical practitioner, meets the criteria for a tier 1 ill health pension under the LGPS.

If Box 1 and Box 5 have been ticked, this means that the person named in Part A, in the medical opinion of the approved independent registered medical practitioner, meets the criteria for a tier 2 ill health pension under the LGPS.

If Box 1 and Box 6 have been ticked, this means the person named in Part A, in the opinion of the approved independent registered medical practitioner, meets the criteria for a tier 3 ill health pension under the LGPS.

The opinion given by the approved independent registered medical practitioner does not, in itself, give entitlement or otherwise to an ill health award. Nor should the medical practitioner indicate to the employee that such an award will or will not be made. It is for the employer to make the formal ill health award determination.

If Box 7 has been ticked (i.e. the reason that the contractual hours have been reduced is wholly or partly as a result of the condition that has caused the employee to be permanently incapable of discharging efficiently the duties of his/her employment) the Royal Borough of Windsor & Maidenhead as the administering authority to the Royal County of Berkshire Pension Fund, will ignore the reduction in hours when calculating the pension benefits due to the scheme member.

If Box 9 has been ticked this means that there is no pension input amount for the purposes of the annual allowance test under the Finance Act 2004 as the person meets the 'severe ill health condition' under section 229 of that Act.

*These notes were up to date when this form was updated in December 2011 and are provided for information purposes 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 current employee 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) and regulation 56 of the Local Government Pension Scheme (Administration) Regulations 2008 (as amended) and for the purposes of section 229(4) of the Finance Act 2004*