

**Local Government Pension Scheme  
Request for early payment of benefits on  
the grounds of ill health.**



**LGPS IH-1**

**Medical certificate for a current employee**

**1. Part A: To be completed by the employer**

|   |                             |                              |                             |                               |       |
|---|-----------------------------|------------------------------|-----------------------------|-------------------------------|-------|
| Title   | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Ms <input type="checkbox"/> | Miss <input type="checkbox"/> | Other |
| Surname of employee   |                             |                              |                             |                               |       |
| Forename(s)   |                             |                              |                             |                               |       |
| Date of birth   |                             |                              |                             |                               |       |
| National insurance number   |                             |                              |                             |                               |       |
| Home address  |                             |                              |                             |                               |       |
| Employer  |                             |                              |                             |                               |       |
| Place of work   |                             |                              |                             |                               |       |
| Nature of employment (job description and full information on requirements of the job are attached):  |                             |                              |                             |                               |       |
| Hours of employment (i.e. whole-time or part-time and, if part-time, show proportion of whole-time hours or weeks):   |                             |                              |                             |                               |       |
| <p>Have the employee's contractual hours been reduced as a result of their ill health or infirmity or mind or body? Yes / No * (If 'Yes', please attach a statement providing background details e.g. factors that led to the reduction in hours, number of hours by which contractual hours were reduced, date(s) reduction(s) in hours occurred. This is to assist the registered medical practitioner when answering questions B7/B8).</p> <p>(*delete as appropriate)</p> |                             |                              |                             |                               |       |

**2. Part B: To be completed by the approved (1) registered medical practitioner.**

**Please tick either B1 or B2**

I certify that, in my opinion, the employee named in Part A

**B1: Is**       **B2: Is not**

suffering from a condition that, on the balance of probabilities, renders him / her permanently incapable (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 B2 has been ticked please move to Part D of this form.**

**If B1 has been ticked, please indicate which one of the following (boxes B3 to B6) applies.**

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

**B3: Does not have** a reduced likelihood of being capable of undertaking (3) gainful employment (4) before his / her normal retirement age (5). (Note: if this box has been ticked please move to Part D of this form).

**OR, where the employee does have such a reduced likelihood**

**B4: Is likely** to be capable of undertaking (3) gainful employment (4) within the next three years (or before his / her normal retirement age (5), if earlier). (TIER 3)

**OR**

**B5: Is not capable** of undertaking (3) gainful employment (4) within the next three years but **Is likely** to be capable of undertaking gainful employment (4) at some time thereafter and before his / her normal retirement age (5). (TIER 2)

**OR**

**B6: Has no reasonable prospect** of being capable of undertaking (3) gainful employment (4) before his / her normal retirement age (5). (TIER 1)

**If B4, B5 or B6 have 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 B7 or B8**

I certify that, in my opinion, the employee named in Part A

**B7: Is**     **B8: Is not**

in part-time service 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.

**Part C: To be completed by the approved registered medical practitioner. Severe ill health test statement - as required by HMRC.**

**If B4, B5 or B6 have been ticked I further certify that, in my opinion, the employee**

**B9: Does**     **B10: Does not satisfy the following statement:**

As a result of his / her ill health or infirmity, the employee 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 (6) before State pension age (7).

(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).

Please now complete Part D.

**Part D: General statement to be completed by the approved registered medical practitioner.**

I do / do not\* attach a copy of my full report / assessment and I certify that:

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

AND I am not acting, and have not at any time acted, as the representative of the employee named in Part A, the employer or any other party in relation to 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' 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

(\* delete as appropriate)

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

.....  
Printed name of independent registered medical practitioner

Registered medical practitioner's / company's official stamp  
(Optional)

\*\* the latest versions of the guidance document, and the supplementary guidance document, are available from the table at the Local Government Pensions Committee website.

### **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 the Pension Fund administering authority.
- (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 (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 person's 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 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 or 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 April 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 2036. For a full breakdown of State pension ages please see the state pension age calculator at the Pensions Advisory Service website.

#### **General**

- If B2 or B3 have been ticked, this means that the employee does not, in the medical opinion of the approved registered medical practitioner, meet the criteria for an ill health pension under the LGPS.
- If B1 and B4 have been ticked, this means that the employee, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 3 ill health pension under the LGPS.
- If B1 and B5 have been ticked, this means that the employee, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 2 ill health pension under the LGPS.
- If B1 and B6 have been ticked, this means that the employee, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 1 ill health pension under the LGPS.
- The opinion given by the approved 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 B7 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 Pension Fund administering authority will ignore the reduction in hours when calculating the pension benefits due to the scheme member.
- If B9 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 in November 2011 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 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.