

**Local Government Pension Scheme
Medical Certificate for a Deferred Beneficiary who ceased membership
as an employee or after 1 April 2008 - request for early payment of
Deferred Benefits on the grounds of ill health**

Form – LGPS IH-2A

Before completing this form, please read the guidance notes on page 3. Once complete, please return the form to the [East Sussex Pensions Team](#).

Part A – to be completed by the former Scheme employer

| | |
|--|--|
| Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Specify - |
| Surname of former employee | |
| Forename(s) | |
| Date of birth | |
| National insurance number | |
| Home address 1 | |
| Home address 2 | |
| Home address 3 | |
| Home address 4 | |
| Post code | |
| Employer at date of becoming a deferred Scheme member | |
| Position (post title) at date of becoming a deferred Scheme member | |
| Nature of employment at date of becoming a deferred Scheme member* | |
| Date ceased to be an active Scheme member | |
| Date of application for early payment of deferred benefits | |

* Please give full description of the requirements of the job and / or attach a copy of the job description if available

Part B – to be completed by the approved (1) registered medical practitioner

Please tick **one** of the following boxes (if appropriate to your circumstances)

| | |
|--|--|
| I certify that, in my opinion, the employee named in Part A WAS / WAS NOT at the date of application for early payment of deferred benefits shown in Part A, and on the balance of probabilities, permanently incapable (2), 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. | B1 WAS <input type="checkbox"/> |
| | B2 WAS NOT <input type="checkbox"/> |

If **B2** has been ticked, please move to Part C of this form.

If **B1** has been ticked, please tick **B3** or **B4**.

| | |
|--|---|
| I certify that, in my opinion, as a result of their ill health or infirmity, the person named in Part A DOES / DOES NOT have a reduced likelihood of being capable of undertaking (3) other gainful employment (4) within three years of the date of application shown in Part A or, if earlier, before normal retirement age (5). | B3 DOES <input type="checkbox"/> |
| | B4 DOES NOT <input type="checkbox"/> |

If **B4** has been ticked, please move to Part C of this form.

If **B3** has been ticked:

| | |
|--|----------------------------|
| I certify that the date the person first became permanently incapable (2), 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 and met the criteria in B3 , based on evidence available at that time, was (enter date under B5 in the adjoining box). | B5 ENTER DATE BELOW |
|--|----------------------------|

(Note: the date entered can be earlier than, and need not correspond with, the date of the person’s application for early payment of deferred benefits, as shown in Part A, and will be used as the date from which the deferred pension benefits will be brought into payment).

If **B3** has been ticked and the person named in Part A is under age 55 at the date entered in **B5**, please tick **B6** or **B7** (otherwise please move to Part C of this form).

| | |
|---|---|
| I certify that, in my opinion, the person named in Part A IS / IS NOT permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment and, if B6 has been ticked, the date from which he / she became so incapable was (enter date under B8 in the adjoining box). | B6 IS <input type="checkbox"/> |
| | B7 IS NOT <input type="checkbox"/> |
| | B8 ENTER DATE BELOW |

(Note: a date entered at **B8** can be the same as, or later than, the date entered at **B5** and is used to determine the date from which the pension should be increased under Pensions Increase legislation).

Please now complete Part C.

Part C – General statement to be completed by the approved registered medical practitioner.

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

AND

I have given due regard to the guidance issued by the Secretary of State when completing this certificate*

(* the latest versions of the guidance document, and the supplementary guidance document, are available from the [table](#) at the Local Government Pensions Committee website

| | |
|---|--|
| Signature of independent registered medical practitioner + date | |
| Print name of independent registered medical practitioner | |
| Registered medical practitioner's / company's official stamp (Optional) | |

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 former 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 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 former employment which gave rise to the deferred benefits in the Local Government Pension Scheme.

(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].

General

If B2 or B4 have been ticked, the deferred member does not, in the medical opinion of the approved registered medical practitioner, meet the criteria for early release of the deferred pension benefits under the LGPS.

If B1 and B3 have been ticked, the deferred member does, in the medical opinion of the approved registered medical practitioner, meet the criteria for early release of the deferred pension benefits under the LGPS.

The opinion given by the approved registered medical practitioner does not, in itself, give entitlement or otherwise to early release of the deferred pension benefits under the LGPS. Nor should the medical practitioner indicate to the deferred member that such an award will or will not be made. It is for the former employer to make the formal award determination.

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 deferred member by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 31 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).