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**PART A: ABOUT THE MEMBER** - to be completed by the employer

**Title:**

**Full name**:

**Date of birth**:

**National insurance number**:

**Home address and email**:

**Employer**:

**Place of work**:

**Nature of employment (please attach job description and full information on the requirements of the job)………………………………………………………….**

…

**Hours of employment (i.e. whole-time or part-time and, if part-time, show proportion of whole-time hours or weeks):**

Has the employee been working reduced contractual hours and had reduced pensionable pay as a consequence of the reduction in working hours due to their ill health or infirmity or mind or body? **(Please put X in the appropriate box below)**

**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 the employee’s hours were reduced, date(s) reduction(s) in hours occurred.*

**PART B: MEDICAL OPINIONS** - to be completed by the registered medical practitioner

* I certify that, in my opinion, the employee   
  **(Please put X in the appropriate box below)**

**B1: IS** **B2: IS NOT**

suffering from a condition that, more likely than not, renders him / her permanently incapable (see note 1) 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 selected, please move to Part D (General Statement) of this form, otherwise please select B3 or B4 below.

* I certify that, because of that ill health or infirmity of mind or body, the employee **(Please put X in the appropriate box below)**

**B3: IS** **B4: IS NOT**

immediately capable of undertaking (see note 2) any gainful employment (see note 3).

If B3 has been selected please move to Part D (General Statement) of this form, otherwise please indicate which one of the following (B5 to B7) applies.

* I certify that, in my opinion, as a result of that ill health or infirmity the employee **(Please put X in the appropriate box below)**

**B5: IS LIKELY to** be capable of undertaking (see note 2) gainful employment (see note 3) within the next three years (or before his / her normal pension age (see note 4), if earlier). (**TIER 3**)

**B6: IS UNLIKELY to** be capable of undertaking (see note 2) any gainful employment (see note 3) within the next three years but IS LIKELY to be capable of undertaking gainful employment (see note 3) at some time thereafter and before his / her normal pension age (see note 4). (**TIER 2**)

**B7: IS UNLIKELY to** be capable of undertaking (see note 2) gainful employment (see note 3) before his / her normal pension age (see note 4).   
(**TIER 1**)

If B6 or B7 have been selected and the employee has been working reduced contractual hours and had reduced pensionable pay as a consequence of the reduction in working hours (as indicated by the employer in Part A) please select B8 or B9 below.

* I certify that, in my opinion, the employee   
  **(Please put X in the appropriate box below)**

**B8: IS** **B9: IS NOT**

in part-time service and working reduced contractual hours wholly or partly as a result of the condition that caused or contributed to the member's ill-health retirement.

**PART C: SEVERE ILL HEALTH TEST STATEMENT** - to be completed by the registered medical practitioner

* If B5, B6 or B7 have been selected, I further certify that, in my opinion, the employee **(Please put X in the appropriate box below)**

**B10: DOES** **B11: 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 (see note 5) before State Pension age (see note 4). 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.

**PART D: GENERAL STATEMENT** to be completed by the registered medical practitioner.

* I **do / do not (delete as appropriate)** attach a copy of my full report / assessment
* I certify that I have not previously advised, or given an opinion on, or otherwise been involved in this case
* I am registered with the General Medical Council
* 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
* I have given due regard to the guidance issued by the Secretary of State when completing this certificate at <http://www.lgpsregs.org/index.php/dclg-publications/dclg-stat-guidance>

**Signed:**

**Dated:**

**Full name**   
(in capitals):

**Official practice / company stamp** (Optional):

**EXPLANATORY NOTES:**

1. ‘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 pension age’ – see (note 4).
2. 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.
3. ‘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.
4. ‘Normal pension age’ means the employee’s individual State Pension age at the time the employment is to be terminated, but with a minimum of age 65. For a full breakdown of individual State pension ages please see <https://www.gov.uk/state-pension-age>
5. ‘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.

**PART E: EMPLOYER’S DETERMINATION** to be completed by an employer upon receipt of the Medical Practitioner’s medical opinions and statements. Before completing the determination please note:

* The medical opinions and statements provide the employer with the relevant medical opinion as to whether or not the criteria for entitlement are satisfied.
* The LGPS regulations make the question of entitlement to ill health benefits conditional upon the submission of a medical certificate, rather than the termination of employment.
* However, it is the employer, not the independent registered medical practitioner that determines the entitlement to the early release of pension benefits on the grounds of ill health.
* The opinion given by the 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 B2 or B3 have been selected, this means that the employee does not, in the medical opinion of the registered medical practitioner, meet the criteria for an ill health pension under the LGPS.
* If B1, B4 and B5 have been selected, this means that the employee, in the medical opinion of the registered medical practitioner, meets the criteria for a tier 3 ill health pension under the LGPS.
* If B1, B4 and B6 have been selected, this means that the employee, in the medical opinion of the registered medical practitioner, meets the criteria for a tier 2 ill health pension under the LGPS.
* If B1, B4 and B7 have been selected, this means that the employee, in the medical opinion of the registered medical practitioner, meets the criteria for a tier 1 ill health pension under the LGPS.
* If B8 has been selected (i.e. the employee is in part-time service and working reduced contractual hours wholly or partly as a result of ill health or infirmity of mind or body) the employer can calculate the assumed pensionable pay upon which the member’s enhancement to benefits is to be calculated as if the reduction in contractual hours and pay had not occurred.
* If B10 has been selected 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.

**Employer’s determination date:**

I declare that on the determination date, shown above, a decision was made to:   
  
**(Please put X in the appropriate box below)**

Bring into payment this employee’s retirement benefits before normal pension age on the grounds of ill health under **tier 1**

Bring into payment this employee’s retirement benefits before normal pension age on the grounds of ill health under **tier 2**

Bring into payment this employee’s retirement benefits before normal pension age on the grounds of ill health under **tier 3**

**Not bring into payment** this employee’s retirement benefits before normal pension age on the grounds of ill health

**Signed:**

**Dated:**

**Full name (in capitals)**:

**Department**: