**Note: our Privacy Notice is available from** [**www.worcestershirepensionfund.org.uk**](http://www.worcestershirepensionfund.org.uk)

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

|  |  |
| --- | --- |
| **Title:** |  |

|  |  |
| --- | --- |
| **Full name:** |  |

|  |  |
| --- | --- |
| **Date of birth:** |  |

|  |  |
| --- | --- |
| **National insurance number:** |  |

|  |  |
| --- | --- |
| **Home address and email:** |  |

|  |  |
| --- | --- |
| **Employer at date of becoming deferred:** |  |

|  |  |
| --- | --- |
| **Position (post title) at date of becoming a deferred member:** |  |

**Nature of employment at date of becoming a deferred member (please attach job description and full information on the requirements of the job):

………………………………………………….**

|  |  |
| --- | --- |
| **Date ceased to be an active LGPS member:** |  |

|  |  |
| --- | --- |
| **Date of application for early payment of deferred benefits:** |  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **B1: WAS** |  | **B2: 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 (see note 1), 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 LGPS.

If B2 has been selected, please move to Part C (General Statement) of this form, otherwise please continue.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **B3: WAS** |  | **B4: WAS NOT** |  |

at the date of application for early payment of deferred benefits shown in Part A, permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment.

* I certify that, in my opinion, the member **(Please put X in the appropriate option below and delete as applicable if B5 is selected)**

|  |  |  |
| --- | --- | --- |
| **B5:** |  | **IS** exceptionally ill, with a life expectancy of less than 1 year and **is / is not** **(please delete as applicable)** aware of this  |
| **B6:** |  | **IS NOT** exceptionally ill and has a life expectancy of 1 year or more |

**PART C: GENERAL STATEMENT** to be completed by the independent registered medical practitioner

* I **do / do not** **(please delete as applicable)** attach a copy of my full report / assessment
* I have not previously advised, or given an opinion on, or otherwise been involved in this case
* I am not acting, and have not at any time acted, as the representative of the person named in Part A, the former employer or any other party in relation to this case
* 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

|  |  |
| --- | --- |
| **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 former employment with the employer because of ill health or infirmity of mind or body until, at the earliest, their 65th birthday (age 70 in the case of former coroners).
2. Certification of limited life expectancy of less than 1 year may only be provided by a fully registered person within the meaning of the Medical Act 1983. The full text of the Act can be found at [www.gmc-uk.org/about/legislation/medical\_act.asp#2](http://www.gmc-uk.org/about/legislation/medical_act.asp#2)

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

* The opinion given by the independent 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 independent registered 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.
* If the former employer agrees to bring the deferred pension into payment early, the pension is payable from the date of the former employer’s determination that the member meets the criteria for early release of the deferred pension benefits under the LGPS (and not from the date of the member’s application for early payment or from the date the independent registered medical practitioner signs this certificate).
* If B2 has been selected, the deferred member does not, in the medical opinion of the independent registered medical practitioner, meet the criteria for early release of the deferred pension benefits under the LGPS.
* If B1 has been selected, the deferred member does, in the medical opinion of the independent registered medical practitioner, meet the criteria for early release of the deferred pension benefits under the LGPS.
* If B5 has been selected Worcestershire Pension Fund may pay the member a lump sum equal to 5 times the member’s annual pension. If such a payment is made this does not constitute a 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 |
|  | **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:** |  |