**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 select B3 or B4 below.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **B3: DOES** |  | **B4: DOES NOT** |  |

* have a reduced likelihood of being capable of undertaking (see note 2) other gainful employment (see note 3) within three years of the date of application shown in Part A or, if earlier, before normal retirement age (see note 4).

If B4 has been selected, please move to Part C (General Statement) of this form.

If B3 has been selected, I certify that the date the person first became 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 and met the criteria in B3, based on evidence available at that time, was (Note: the date entered in B5 below 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)

|  |  |
| --- | --- |
| **B5:** |  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **B6: IS** |  | **B7: 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 selected, the date from which he / she became so incapable was (Note: a date entered at B8 below 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)

|  |  |
| --- | --- |
| **B8:** |  |

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

* 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 with that of the person’s former employment which gave rise to the deferred benefits in the LGPS.
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>

**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 or B4 have 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 and B3 have 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.

**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:** |  |