**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:** |  |

**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: IS** |  | **B2: IS NOT** |  |

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 of mind or body, the member **(Please put X in the appropriate box below)**

|  |  |  |  |
| --- | --- | --- | --- |
| **B3: IS** |  | **B4: IS NOT** |  |

unlikely to be capable of undertaking (see note 2) gainful employment (see note 3) before reaching normal pension age (see note 4), or for at least three years, whichever is the sooner.

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

If B3 has been selected and the person named in Part A is under age 55, please select B5 or B6 (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)**

|  |  |  |  |
| --- | --- | --- | --- |
| **B5: IS** |  | **B6: IS NOT** |  |

permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment.

**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 former 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:** |  |