**IHCERTD3 (October 2021)**

Medical certificate to be given by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 31 of the Local Government Pension Scheme (LGPS) (Benefits, Membership and Contributions) Regulations 2007 (as amended) and regulation 56 of the Local Government Pension Scheme (Administration) Regulations 2008 (as amended) and for purposes of section 229(4) of the Finance Act 2004 (as amended) in respect of a deferred pensioner who left employment (or opted out) after 31 March 2008 and before 1 April 2014.

**Part A: Applicant’s details (also enter name on page 2 & 3)**

To be filled in by the *former employer* before given to the independent doctor.

| **Question** | **Answer** |
| --- | --- |
| Full name: |  |
| Title: |  |
| NI number: |  |
| Date of birth: |  |
| Age (Years): |  |
| Sex : Male Female |  |
| Former job title: |  |
| Former employer: |  |
| Date left former job: |  |
| Date left former job: |  |
| Fund: Cambridgeshire Pension Fund / Northamptonshire Pension Fund  |  |
| Date of application: |  |

**Part B: Assessment against ill-health criteria**

To be filled in by the *approved (1) independent doctor* in all cases. Please tick either B1 or B2. I certify that, in my opinion, the former employee named in Part A:

| **B1:** | [ ]  | **Was** 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. |
| --- | --- | --- |
| **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(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. |

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:

| **B3:** | [ ]  | **Does** have a reduced likelihood of being capable of undertaking*(3)* any gainful employment*(4)* within three years of the date of application shown in Part A or, if earlier, before age 65. |
| --- | --- | --- |
| **B4:** | [ ]  | **Does not** have a reduced likelihood of being capable of undertaking*(3)* any gainful employment*(4)* within three years of the date of application shown in Part A or, if earlier, before age 65. |

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

| Applicants name: |  |
| --- | --- |

If B1 and B3 have been ticked:

B5: 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 dd/mm/yyyy (*enter date*).

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 pension benefits will be payable.

If B1 and B3 have been ticked and the person named in Part A is under the age of 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:

| **B6:** | [ ]  | **Is** permanently incapable by reason of disability caused by physical or mental infirmity of engaging in anyregular full-time employment. |
| --- | --- | --- |
| **B7:** | [ ]  | **Isn’t** permanently incapable by reason of disability caused by physical or mental infirmity of engaging in anyregular full-time employment. |

If B6 has been ticked:

B8: I certify that the date the person first became permanently incapable (2) by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment, was dd/mm/yyyy (enter date).

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.

Now Complete Part C of this form.

| Applicants name: |  |
| --- | --- |

**Part C: Independent doctor’s declaration**

To be filled in by the approved (1) *independent doctor* in all cases.

I attach a copy of my report giving reasons for my assessment and I certify that:

* 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 an equivalent institution of an EEA State; *and*
* I have given due regard to the guidance issued by the Secretary of State (5) when completing this certificate.

The independent registered medical practitioner signing the certificate does not have to be a different independent medical practitioner to the one who originally certified the scheme member’s permanent incapacity at the date of leaving i.e. the same practitioner can have previously advised, or given an opinion on, or otherwise been involved in the particular case for which the certificate has been requested and still sign this certificate too.

| **Question** | **Answer** |
| --- | --- |
| Signature of independent registered medical practitioner |  |
| Printed name of independent registered medical practitioner  |  |
| Date: |  |
| Approved independent doctor’s official stamp: |  |

**Important notes**

1. Both Cambridgeshire Pension Fund and Northamptonshire Pension Fund permit employers to select their own provider of a suitably qualified independent registered medical practitioner to sign the certificate, however the selected practitioner must have been approved by the relevant Fund *in advance* of them signing the certificate.
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 65th birthday.
3. The independent registered medical practitioner is providing an opinion on the person’s capability of undertaking any gainful employment based solely on the effect the medical condition has on the ability to undertake gainful employment.
4. ‘*Gainful employment*’ means paid employment (whether in local government or elsewhere) 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.
5. Please refer to the latest versions of the [statutory guidance document](https://www.lgpsregs.org/timelineregs/Statutory%20Guidance%20and%20circulars/CLG_IHGuide_June2011updated2014.pdf), the [supplementary guidance document](https://www.lgpsregs.org/timelineregs/Statutory%20Guidance%20and%20circulars/CLG_IRMP_Supp_guide_June2011.pdf) and associated [Annex A](https://www.lgpsregs.org/timelineregs/Statutory%20Guidance%20and%20circulars/IH_Stat_Guide_AnnexA_July11.doc), [Annex B](https://www.lgpsregs.org/timelineregs/Statutory%20Guidance%20and%20circulars/IH_Stat_Guide_AnnexB_July11.doc) and [suggested assessment report template](https://www.lgpsregs.org/timelineregs/Statutory%20Guidance%20and%20circulars/IRMP_LGPS_AssessRep_June2011.doc)

| Applicants name: |  |
| --- | --- |

**Part D: Employers ill-health declaration**

To be filled in by the *former employer* following the signature of the independent doctor in Part C.

Please tick either D1 or D2. I declare that the deferred pensioner named in Part A:

| **D1:** | [ ]  | **Does not meet** the criteria for their deferred pension to be brought into payment on ill-health grounds. No further award has therefore been made and I have informed them of this fact.**To select this the doctor must usually have ticked B2 or *both* B1 *and* B4** |
| --- | --- | --- |
| **D2:** | [ ]  | **Does meet** the criteria for their deferred pension to be brought into payment on ill-health grounds. An ill-health pension is therefore payable from the Date of Application shown in Part A. I have informed them of this fact.**To select this the doctor must usually have ticked B1 *and* B3** |

| **Question** | **Answer** |
| --- | --- |
| Signature of approved employer signatory |  |
| Printed name of approved employer signatory  |  |
| Position of approved employer signatory |  |
| Date |  |