**IHCERTD1 (November 2021)**

Medical certificate to be given by an independent, approved, duly qualified registered medical practitioner in accordance with regulation D11 of the Local Government Pension Scheme Regulations (LGPS) 1995 (as amended) and for purposes of section 229(4) of the Finance Act 2004 (as amended) in respect of a deferred member who left employment (or opted out) before 1 April 1998.

**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: |  |
| 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:** | [ ]  | **Is,** on the balance of probabilities, permanently incapable *(2),* because of ill health or infirmity of mind or body, of discharging efficiently the duties of their former employment which gave rise to the deferred benefits in the Local Government Pension Scheme.  |
| --- | --- | --- |
| **B2:** | [ ]  | **Isn’t,** on the balance of probabilities, permanently incapable *(2),* because of ill health or infirmity of mind or body, of discharging efficiently the duties of their 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: **B3**: I certify that the date the person became permanently incapable *(2)* was: ***dd/mm/yyyy (enter date)*** and that this was discoverable at that time based on evidence available at that time.

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.

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

If B1 has been ticked and the person named in Part A is under age 55 at the date entered in B3, please tick B4 or B5. I certify that, in my opinion, the person named in Part A:

| **B4:** | [ ]  | **Is** permanently incapable by reason of disability caused by physical or mental infirmity of engaging in anyregular full-time employment.  |
| --- | --- | --- |
| **B5:** | [ ]  | **Isn’t** permanently incapable by reason of disability caused by physical or mental infirmity of engaging in anyregular full-time employment.  |

The answer is used to determine whether the pension should be immediately increased under Pensions Increase legislation.

If B4 has been ticked: **B6:** I certify that, in my opinion, the date he/she became permanently incapable by reason of disability caused by physical or mental infirmity of engaging in anyregular full-time employment was: ***dd/mm/yyyy (enter date).***

A date entered at B6 can be the same as, or later than, the date entered at B3 and is used to determine the date from which the pension should be increased under Pensions Increase legislation).

If B1 has been ticked, please tick one of B7, B8 or B9. I certify *(3)* that, in my opinion, the person named in Part A:

| **B7:** | [ ]  | **Is** exceptionally ill, with a life expectancy of less than 1 year and **is** aware of this. |
| --- | --- | --- |
| **B8:** | [ ]  | **Is** exceptionally ill, with a life expectancy of less than 1 year and **isn’t** aware of this. |
| **B9:** | [ ]  | **Isn’t** exceptionallyill and has a life expectancy of 1 year or more |

**Please now fill in Part C of this form.**

**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 have not previously advised, or given an opinion on, or otherwise been involved in this case; *and*
* I am not acting, and have not at any time acted, as the representative of the employee named in Part A, the employer or any other party in relation to this case; *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.

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

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

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

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

Please tick either D1 or D2. I hereby declare that the applicant 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 have ticked B2** |
| --- | --- | --- |
| **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 given in B3. I have informed the applicant of this.**To select this the doctor must have ticked B1** |

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

**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 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 a former coroner).
3. 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](http://www.gmc-uk.org/about/legislation/medical_act.asp#2).