**TR3REV08C (Apr 21)**

# Medical certificate for 3rd tier pension which has been discontinued for 3 or more years

Medical certificate to be provided by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 20 of the Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007 (as amended) and regulation 56 of the Local Government Pension Scheme (Administration) Regulations 2008 (as amended) in respect of a member awarded a 3rd tier pension which has been discontinued for 3 or more years, or for a shorter period and they have requested reinstatement of pension payments due to medical conditions other than those that led to the original Tier 3 award.

| Part A: Details of tier 3 member (also enter name on pages 2 & 3) |
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**To be completed by EX-EMPLOYER before submission to the Independent Doctor**

|  |  |
| --- | --- |
| Title: |  |
| First names: |  |
| Surname: |  |
| Date of birth.(dd/mm/yy) : / / |  |
| Age: |  |
| Sex : Male Female |  |
| NI Number: |  |
| Former job title: |  |
| Former employer: |  |
| Date of leaving former position: |  |
| Date member asked for case to be reviewed: |  |

The person named above was, at the date of cessation of their former position, certified as being, on the balance of probabilities, permanently incapable*(2)* of discharging efficiently the duties of his / her employment with his / her employer because of ill health or infirmity of mind or body, and that, although having a *reduced likelihood* of being capable of undertaking(3) other gainful employment *(4)* before their normal retirement age *(7)*, it was nevertheless likely that he / she would be capable of undertaking gainful employment within 3 years of the date of cessation of employment (or by his / her normal retirement age, if earlier). He / she was awarded a short-term, reviewable, 3rd tier pension. It is now necessary to determine, in accordance with regulation 31(7) whether he / she if permanently incapable(2) of undertaking(3) any gainful employment(4) before his/her normal retirement age(7).

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| --- | --- |
| Pensioner’s Name: |  |

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| Part B: Assessment against ill-health criteria |

**To be completed by the approved(1)** **independent doctor in all case.**

**Please tick either B1 or B2**

I certify that in my opinion, and having regard to their present medical condition(s), the person named in Part A

|  |  |  |
| --- | --- | --- |
| **B1:** |  | **IS NOT** permanently incapable(2) of undertaking(3) any gainful employment(4) before their normal retirement age(7), **or** |
| **B2:** |  | **IS** permanently incapable(2) of undertaking(3) any gainful employment(4) before their normal retirement age(7) and that the date that they became so incapable, based on evidence available at that time, was  **[Enter Date] ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Note: the answer to this question is used to determine whether the member can have their pension payments reinstated and, if so, from what date.

The date entered at B2 can be earlier than, and need not correspond with, the date the member asked for the case to be reviewed, as shown in Part A, and will be used as the date from which the pension will be reinstated.

**Please now complete Part C of this form.**

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| Part C: Doctor’s declaration |

**To be completed by the approved(1)** **independent doctor.**

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 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(6) when completing this certificate.

…………………………………………………………………………………….…

Signature of independent registered medical practitioner

………………………………………………………………………………….……

Printed name of independent registered medical practitioner

Date:

……………………………………………………….…

Approved independent doctor’s official stamp:

|  |  |
| --- | --- |
| Pensioner’s Name: |  |

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| **Part D: Ex-employer’s tier 3 review decision** |

**To be completed by EX-EMPLOYER following signature of the independent doctor.**

**Please tick one of D1 or D2**

Having due regard to the independent doctors opinion in Parts B I have decided the pensioner named in Part A

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| --- | --- | --- |
| **E1:** |  | **IS NOT** permanently incapable(2) of undertaking(3) any gainful employment(4) before their normal retirement age(7),  I have notified the person named in Part A of my decision and their pension will remain deferred.  **NB: to select this the doctor will normally have ticked B1** |
| **E2:** |  | **IS** permanently incapable(2) of undertaking(3) any gainful employment(4) before their normal retirement age(7),  I have notified the person named in Part A of my decision and their pension will be reinstated from the date in B2  **NB: to select this the doctor will normally have ticked B2** |

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| ……………………………..………………………………………. | ……………………………………………………… |
| Signature of approved employer signatory | Date |
| ……………………………..………………………………………. | ……………………………………………………… |
| Printed name of approved employer signatory | Position of approved employer signatory |

**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. The same approved practitioner may sign this certificate as signed the original one certifying the member’s permanent incapacity.
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 normal retirement age (see (7) below.
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. The employer is deciding on the person’s capability of undertaking any gainful employment based on the independent medical practitioners opinion and any other non-medical information available to them.
6. 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)
7. ‘Normal retirement age’ means age 65 (apart for members transferred with protection of age 60 from Learning and Skills Council for England on 1 April 2010).