**TR3REV14A (April 2021)**

# Medical certificate for 18 month review for 3rd tier pensioner

Medical certificate to be provided by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 37 of the Local Government Pension Scheme Regulations 2013 (as amended) in respect of the 18 Month review for a 3rd tier pensioner whose pension is currently in payment.

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| Part A: Details of pensioner (also enter name on pages 2 & 3) |

**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 not immediately capable at that time of undertaking(3) other gainful employment *(4)*, 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 pension age*(7)*, if earlier). He / she was awarded a short-term, reviewable, 3rd tier pension. It is now necessary to review, in accordance with regulation 37 of the Local Government Pension Scheme Regulations 2013, whether, and if so when, he / she will be likely to be capable of undertaking(3) gainful employment(4).

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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, B2 or B3**

I certify that, in my opinion, having regard only to the medical condition that led to the original Tier 3 ill-health pension award, the person named in Part A

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| --- | --- | --- |
| **B1:** | [ ]  | **IS CURRENTLY** capable of undertaking(3) gainful employment(4). |
| **B2:** | [ ]  | **IS NOT CURRENTLY, BUT IS STILL** **LIKELY** **TO BE**, capable of undertaking(3) gainful employment(4) within three years of the date of leaving their former position shown in Part A.Date they are likely to be so capable is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **B3:** | [ ]  | **IS UNLIKELY TO BE** capable ofundertaking(3) gainful employment(4) before normal pension age(7) **OR****IS NOT CURRENTLY AND IS UNLIKELY TO BE** capable ofundertaking(3) gainful employment(4) within three years of the date of leaving their former position shown in Part A, but will be at some point thereafter. |

**If B1 or B2 has been ticked, please move to Part C of this form.**

**If B3 has been ticked, please tick B4 or B5**

I certify that, in my opinion, the person named in Part A

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| **B4:** | [ ]  | **IS** permanently incapable(2) of discharging efficiently the duties of the employment they were undertaking at the date of leaving shown in Part A and which gave rise to the tier 3 ill health pension. |
| **B5:** | [ ]  | **IS NOT** permanently incapable(2) of discharging efficiently the duties of the employment they were undertaking at the date of leaving shown in Part A and which gave rise to the tier 3 ill health pension. |

**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.

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Signature of independent registered medical practitioner

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Printed name of independent registered medical practitioner

Date:

……………………………………………………….…

Approved independent doctor’s official stamp:

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| 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, D2, D3 or D4**

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

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| **D1:** | [ ]  | **IS NOT** likely to be capable of undertaking(5) gainful employment(4) within three years of the date of leaving their former position shown in Part A **BUT IS NOT** permanently incapable(2) of discharging efficiently the duties of the employment they were undertaking at the date of leaving shown in Part A and which gave rise to the tier 3 ill health pension. If the pensioner does not attain normal pension age(7), or start an employment that we determine to be gainful employment(4) beforehand, please cease payment of the Tier 3 pension from the day three years after the date given in Part A.**NB: to select this the doctor will normally have ticked B3 and B5.** |
| **D2:** | [ ]  | **IS NOT** currently capable of undertaking(5) gainful employment(4) BUT **IS** likely to be capable of undertaking(5) gainful employment(4) within three years of cessation of former position shown in Part A. If the pensioner does not attain normal pension age(7), or start an employment that we determine to be gainful employment(4) beforehand, please cease payment of the Tier 3 pension from **(tick one)**:[ ]  The date that the IRMP has entered at B2[ ]  The day three years after the date given in Part A.**NB: to select this the doctor will normally have ticked B2** |
| **D3:** | [ ]  | **IS NOT** likely to be capable of undertaking(5) gainful employment(4) within three years of the date of leaving their former position shown in Part A **AND** **IS** permanently incapable(2) of discharging efficiently the duties of the employment they were undertaking at the date of leaving shown in Part A and which gave rise to the tier 3 ill health pension. Please upgrade this pension to a Tier 2 pension from the date of my signature below. I have issued the BENDEC3 form to the person named in Part A. **NB: to select this the doctor will normally have ticked B3 and B4.** |
| **D4:** | [ ]  | **IS** currently capable of undertaking(5) gainful employment(4). Please cease the Tier 3 pension from the date of my signature below.***[Please telephone Pensions Service at West Northamptonshire Council on the date of signature to avoid, as far as possible, missing payroll closure dates]*****NB: to select this the doctor will normally have ticked B1**  |

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

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

**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 pension 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 employment they retired from.
5. The employer is deciding on the person’s capability of undertaking any gainful employment based on the independent medical practitioner’s opinion and any other non-medical information available to them.
6. Please refer to the [latest version of the statutory guidance document relating to the LGPS Regulations 2013](https://www.lgpslibrary.org/assets/statgui/ew/20140917IHG.pdf).
7. ‘Normal pension age’ means the date that an individual attains their State Pension Age, or their 65th birthday if that is later. The date that an individual attains State Pension Age can be assessed [using this online tool](https://www.gov.uk/state-pension-age).