

CURRENT TIER 3 ILL HEALTH PENSIONER REVIEW CERTIFICATE

Review taking place 18 months after employment cessation & before normal retirement age (1)

PART A: Employee details

To be completed by the employer

Surname of employee:	
Forenames:	
Title:	
Date of birth:	
NI Number:	
Home address:	
Employer at date became a tier 3 ill health pensioner:	
Position (post title) at date became a tier 3 ill health pensioner	
¹ Nature of employment at date became a tier 3 ill health pensioner:	
Date left employment:	

For bracketed number references see the explanatory notes section on page 5.

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 other gainful employment (3) before their normal retirement age (1), it was nevertheless likely that he / she would be capable of undertaking gainful employment (3) within 3 years of the date of cessation of employment (or by his / her normal retirement age (1), if earlier). He / she was awarded a short-term, reviewable, 3rd tier pension. It is now necessary to review, in accordance with regulation 20 of the Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007, whether he / she is still capable of undertaking (5) gainful employment (3) within 3 years of the date of cessation of employment (or by his / her normal retirement age (1), if earlier).

¹ Please give full description of the requirements of the job and/or attach copy of job description if available.

PART B: Medical practitioners' opinion

To be completed by the approved (4) registered medical practitioner.

Please tick either B1 or B2

I certify that, in my opinion, having considered their ill health or infirmity, the person named in Part A

☐ B1: **IS STILL LIKELY** to be capable of undertaking (5) gainful employment (3) within three years of the date of leaving shown in Part A (or by their normal pension age (1), if earlier)

☐ B2: **IS UNLIKELY** to be capable of undertaking (5) gainful employment (3) within three years of the date of leaving shown in Part A but is likely to be able to undertake (5) gainful employment (3) at some point thereafter 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.

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

If B1 has been ticked, please tick B3 or B4 then move to Part C of this form.

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

☐ B3: **IS CURRENTLY** capable of undertaking (5) gainful employment (3).

☐ B4: **IS NOT CURRENTLY** capable of undertaking (5) gainful employment (3) but is likely to be able to do so by [Enter a date up to a maximum of the day preceding the third anniversary of the date of leaving shown in section A].

PART C: General statement by the IRMP

To be completed by the approved registered medical practitioner

☐ I DO ☐ I DO NOT attach a copy of my full report / 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 of an equivalent institution in an EEA State

AND I have given due regard to the guidance issued by the Secretary of State when completing this certificate. *The guidance document, and the supplementary guidance document, are available from the table at <http://lgpsreqs.org/timelinereqs/Statutory%20Guidance%20and%20circulars/statguide.htm>*

Signature of independent registered medical practitioner(6):

Practitioner's/company's stamp (optional):

Date:

Printed name of independent registered medical practitioner:

PART D: Employer decision and evidence of the decision-making process**For completion by the employer**

For guidance on the employer decision please see our ill health retirement guide at <https://www.derbyshirepensionfund.org.uk/employers/newsletters-and-guides/ill-health-process.aspx> which is based on the Ombudsman guidance available at <https://www.lgpslibrary.org/assets/othergov/201511POSIH.pdf>.

If the answer to any of the questions 1-6 is no, you may wish to check with your Independent Registered Medical Practitioner (IRMP). Please note questions 7 and 8 are for the decision makers record keeping.

- 1) In their covering report, has the IRMP clearly reflected their recommendation made on this certificate?
***Yes/No**
- 2) Has the IRMP used the specific criteria wording in their report that is in this certificate? ***Yes/No**
- 3) In their covering report, has the IRMP confirmed that they have considered permanence of the incapacity from relevant employment in addition to the permanence of the medical condition itself? i.e. Even if the condition is curable have the symptoms left the individual permanently incapacitated from employment. ***Yes/No**
- 4) In their covering report, has the IRMP applied the same wording for the gainful employment criteria that is set out in this certificate? ***Yes/No**
- 5) In their covering report, has the question of untried treatments been addressed by the IRMP? The IRMP must be asked to give a view as to their likely effect and whether, on the balance of probabilities, the condition renders the member permanently incapable of discharging the duties of the employment.
***Yes/No**
- 6) Where there is insufficient information or any uncertainty, have you sought clarification or further information from the IRMP? ***Yes/No/Not applicable**
- 7) When you are making the decision on behalf of the employer, and there are conflicting medical opinions is it clear that you have considered all of the medical opinions and have you documented why you have given more weight to any/some? i.e. if the IRMP opinion is preferred over others, have you documented that all medical opinions have been considered and justified why one is preferred?
***Yes/No/Not applicable**
- 8) When you are making the decision on behalf of the employer, have you documented that you have made a fully informed and considered decision? i.e. not adopted the IRMP opinion without question or justification. ***Yes/No**

**Delete as applicable*

Narrative to support the decision:

I have considered the medical practitioner's report along with all other available information and I hereby authorise and approve:

☐ The award of an enhanced (2nd tier) ill health pension payable from the date of the medical practitioner's determination.

☐ The continuation of the current Tier 3 award to the earlier of:
The end of the 3 years from the date ceased to be an active scheme member, **or** the date that Normal Retirement Age is attained, **or** the member obtains gainful employment.

☐ The current Tier 3 ill health pension ceasing with effect from the next available pay date.

Signed on behalf of the employer:

Date:

Print name:

Position:

EXPLANATORY NOTES: Meaning of terms used

- (1) 'Normal pension age' means the employee's individual State pension age at the time the benefit was brought into payment, but with a minimum of age 65. State pension age is currently age 65 for men. State pension age was equalised to age 65 in November 2018. State pension age will continue to increase from December 2018 onwards. To determine an individual's State pension age please go to <http://www.pensionsadvisoryservice.org.uk/state-pensions/know-your-state-pension-age>
- (2) 'Permanently incapable' means that the person is, more likely than not, 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 (1).
- (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 in terms of pay and conditions with that of the person's former employment.
- (4) The independent registered medical practitioner signing the certificate must have been approved for this purpose by Derbyshire Pension Fund.
- (5) 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 ability to undertake gainful employment.
- (6) The independent registered medical practitioner signing the certificate does not have to be a different independent registered 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 sign this certificate too.

GENERAL

- (1) If B1 and B3 are ticked, the former employer can determine to cease payment of the pension (or can determine to continue payment, for so long as the person is not in gainful employment (3), up to a maximum period of 3 years from the date of leaving shown in Part A or to the date the person attains normal pension age (1), if earlier).
- (2) If B1 and B4 are ticked, the former employer can determine to continue payment, for so long as the person is not in gainful employment (3), up to the date the independent registered medical practitioner has said that the person is likely to be capable of undertaking gainful employment (3) or to the date the person attains normal pension age (1), if earlier (or can determine to cease payment of the pension; or can determine to continue payment, for so long as the person is not in gainful employment (3), up to a maximum period of 3 years from the date of leaving shown in Part A or to the date the person attains normal pension age (1), if earlier).
- (3) If B2 has been ticked the former employer can determine to award an enhanced (tier 2) ill health pension, payable from the date of their determination. If they do so, there is no pension input amount for the purposes of the annual allowance test under the Finance Act.
- (4) The opinion given by the approved registered medical practitioner does not, in itself, determine the cessation or otherwise of a benefit under the LGPS. Nor should the medical practitioner indicate to the individual that a benefit under the LGPS will or will not be payable. It is for the former employing authority to make the formal determination.

- (5) These notes were up-to-date when this form was reviewed in June 2019 and are provided for information only. They confer no contractual or statutory rights and in the event of any dispute the appropriate legislation will prevail.

This is a medical certificate provided in respect of a current employee by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 36 of the Local Government Pension Scheme Regulations 2013 and for the purposes of section 229(4) of the Finance Act 2004.

Tier 3: 18 Month review flowchart based on the explanatory notes on page 5

