

Avon Pension Fund

LOCAL GOVERNMENT PENSION SCHEME

Bath & North East Somerset Council
Floor 3 South, Riverside, Temple Street, Keynsham, BS31 1LA
Tel: 01225 477000 ~ Fax: 01225 395258 ~ Email: pensionsedi@bathnes.gov.uk
Web: www.avonpensionfund.org.uk



Medical Certificate For A Deferred Councillor Member LGPS 18D-2011

Medical certificate to be provided in respect of a deferred councillor member by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 97 of the Local Government Pension Scheme Regulations 1997 (as amended) and for the purposes of section 229(4) of the Finance Act 2004.

PART A – Former Employee Details (To be completed by the former scheme employer)

SURNAME: _____ FORENAME(S): _____
DATE OF BIRTH: _____ NI NUMBER: _____
HOME ADDRESS: _____

Name of Council at date of becoming a deferred scheme member: _____

Nature of Office: Councillor (please give full description of the requirements of the job and / or attach a copy of the job description if available)

Date ceased to hold office as a councillor
(and ceased to be an active member of the LGPS) _____

Date of application for early payment of deferred benefits: _____

PART B - To be completed by the approved¹ registered medical practitioner

Please tick either box B1 or B2

I certify that, in my opinion, the person named in Part A **WAS** (B1), **WAS NOT** (B2), at the date of application for early payment of deferred benefits shown in Part A, and on the balance of probabilities, permanently incapable² 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 you have ticked box B2 please move to Part C of this form.

If you have ticked box B1 and the person named in Part A is under 55 at the date of application shown in Part A please tick either box B3 or B4

I certify that, in my opinion, as a result of that ill health or infirmity the person named in Part A **WAS** (B3), **WAS NOT** (B4), at the date of application for early payment of deferred benefits shown in Part A, permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment.

(Note: the answer is used to determine whether the pension should be immediately increased under Pensions Increase legislation).

If you have ticked box B1 please also tick box B5 or B6

I certify³ 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,
 IS NOT aware of this,

(B8) IS NOT exceptionally ill and has a life expectancy 1 year or more.

Please now complete Part C.

PART C – General Statement to be completed by the approved¹ registered medical practitioner

I do / do not* attach a copy of my full report / 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 person named in Part A, the former authority 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 of an equivalent institution in an EEA State.

SIGNED: _____ DATE: _____

FULL NAME: _____

(block capitals please)

GMC REGISTRATION NUMBER: _____

On behalf of (use official stamp)

Explanatory notes to accompany certificate

Meaning of terms used

¹ The independent registered medical practitioner signing the certificate must have been approved for this purpose by Bath and NE Somerset Council as the administering authority for the Avon Pension Fund.

² 'Permanently incapable' means that the person will, more likely than not, be incapable until, at the earliest, their 65th birthday.

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. The full text of the Act can be found at www.gmcuk.org/about/legislation/medical_act.asp#2

General

If B2 has been ticked, the deferred member does not, in the medical opinion of the approved registered medical practitioner, meet the criteria for early release of the deferred pension benefits under the LGPS.

If B1 has been ticked, the deferred member does, in the medical opinion of the approved registered medical practitioner, meet the criteria for early release of the deferred pension benefits under the LGPS.

The opinion given by the approved registered medical practitioner does not, in itself, give entitlement or otherwise to early release of the deferred pension benefits under the LGPS. Nor should the medical practitioner indicate to the deferred member that such an award will or will not be made. It is for the former employing authority to make the formal award determination.

If B5 has been ticked the Pension Fund administering authority may pay the member a lump sum equal to 5 times the member's annual pension. If such a payment is made this does not constitute a pension input amount for the purposes of the annual allowance test under the Finance Act 2004 as the person meets the 'severe ill health condition' under section 229 of that Act.

These notes were up-to-date when this form was updated in May 2011 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.