

Medical certificate to be 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 (as amended) and for purposes of section 229(4) of the Finance Act 2004.

### Part A: Details of Applicant (also enter name on page 2, 3 & 4)

To be completed by EMPLOYER before submission to the Independent Doctor

Title:	Date of Birth.(dd/mm/yyyy) : / /	
Forenames:	Age (Years):	Sex : Male Female
Surname:	Normal Pension Age <sup>(5)</sup> :	
NI Number:	Job Title:	
Employer:	Place of Work:	
Fund: Cambridgeshire Pension Fund / Northamptonshire Pension Fund *		
Hours of work per week:	Have the employee's contractual hours ever been reduced as a result of their ill health or infirmity of mind or body? Yes / No * If 'Yes', please ensure full details are enclosed with the IHRE1.	
*Delete as applicable		

### Part B: Assessment Against Ill-health Criteria

To be completed by the approved<sup>(1)</sup> Independent Doctor in all cases.

Please tick either B1 or B2

I certify that, in my opinion, the employee named in Part A		
<b>B1:</b>	<input type="checkbox"/>	<b>IS</b> suffering from a condition that, more likely than not, renders him/her permanently incapable <sup>(2)</sup> of discharging efficiently the duties of his / her employment with his / her employer because of ill health or infirmity of mind or body.
<b>B2:</b>	<input type="checkbox"/>	<b>IS NOT</b> suffering from a condition that, more likely than not, renders him/her permanently incapable <sup>(2)</sup> of discharging efficiently the duties of his / her employment with his / her employer because of ill health or infirmity of mind or body.

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

If B1 has been ticked, please tick B3 or B4

I certify that, in my opinion, as a result of that ill health or infirmity the employee named in Part A		
<b>B3:</b>	<input type="checkbox"/>	<b>IS</b> immediately capable of undertaking <sup>(3)</sup> any gainful employment. <sup>(4)</sup>
<b>B4:</b>	<input type="checkbox"/>	<b>IS NOT</b> immediately capable of undertaking <sup>(3)</sup> any gainful employment. <sup>(4)</sup>

If B3 has been ticked please move to Part D of this form.

Applicants Name:	
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**If B1 and B4 have been ticked, please tick one of B5, B6 or B7:**

I further certify that, in my opinion, as a result of that ill health or infirmity the employee named in Part A		
<b>B5:</b>	<input type="checkbox"/>	<b>IS LIKELY</b> to be capable of undertaking <sup>(3)</sup> gainful employment <sup>(4)</sup> within the next three years (or before his/her normal pension age <sup>(5)</sup> if earlier).
<b>B6:</b>	<input type="checkbox"/>	<b>IS UNLIKELY</b> to be capable of of undertaking <sup>(3)</sup> any gainful employment <sup>(4)</sup> within the next three years but <b>IS LIKELY</b> to be capable of undertaking <sup>(3)</sup> gainful employment <sup>(4)</sup> at some time thereafter and before his/her normal pension age <sup>(5)</sup> .
<b>B7:</b>	<input type="checkbox"/>	<b>IS UNLIKELY</b> to be capable of undertaking <sup>(3)</sup> gainful employment <sup>(4)</sup> before his/her normal pension age.

**If B1, B4 and either B6 or B7 have been ticked and the contractual hours of the person named in Part A have been reduced by the employer (as indicated in Part A) please tick B8 or B9**

I certify that, in my opinion, the employee named in Part A		
<b>B8:</b>	<input type="checkbox"/>	<b>IS</b> in part-time service and working reduced contractual hours wholly or partly as a result of the ill health or infirmity of mind or body that has caused him / her to be permanently incapable of discharging efficiently the duties of his / her employment <sup>(6)</sup> .
<b>B9:</b>	<input type="checkbox"/>	<b>IS NOT</b> in part-time service and working reduced contractual hours wholly or partly as a result of the ill health or infirmity of mind or body that has caused him / her to be permanently incapable of discharging efficiently the duties of his / her employment <sup>(6)</sup> .

**Part C: Severe Ill-health Test**

**To be completed by the approved<sup>(1)</sup> Independent Doctor if B5, B6 or B7 have been ticked (as required by HMRC)**

I further certify that, in my opinion, the employee named in Part A		
<b>C1</b>	<input type="checkbox"/>	<b>DOES</b> satisfy the following statement.
<b>C2</b>	<input type="checkbox"/>	<b>DOES NOT</b> satisfy the following statement.
As a result of his/her ill health or infirmity, he/she is unable to continue in his/her current job and is unlikely to be capable of taking on any other paid work in any capacity, otherwise than to an insignificant extent <sup>(7)</sup> before his/her State Pension Age <sup>(8)</sup> .		
Note: the answer to this question is used to determine whether or not the person could be subject to a tax charge in accordance with the annual allowance test under the Finance Act 2004.		

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

Applicants Name:

## Part D: Independent Doctor's Declaration

To be completed by the approved<sup>(1)</sup> independent doctor in all case.

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 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 an equivalent institution of an EEA State; AND
- I have given due regard to the guidance issued by the Secretary of State<sup>(10)</sup> when completing this certificate.

.....  
Signature of independent registered medical practitioner

Date: .....  
Approved independent doctor's official stamp:

.....  
Printed name of independent registered medical practitioner

### 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 'normal pension age'<sup>(5)</sup>.
- (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 their 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) 'Normal pension age' means the employee's individual State Pension age<sup>(6)</sup> at the time the employment is to be terminated, **but** with a minimum of age 65. An individual's current State Pension age<sup>(6)</sup> should be checked online by following the steps here <https://www.gov.uk/state-pension-age>
- (6) If the reason that the contractual hours have been reduced is wholly or partly as a result of the condition that has caused him / her to be permanently incapable of discharging efficiently the duties of his / her employment, Assumed Pensionable Pay provided to be used to calculate enhancement to tier 1 or 2 benefits should disregard the reduction in hours..
- (7) 'Insignificant extent' means, for example, that the person could undertake voluntary work or unpaid work where out of pocket expenses are reimbursed or small amounts of travelling or subsistence payments are made. Any paid work should be insignificant, for example it should be infrequent or only for a few days during the year and the payment must be small in amount, not just as a proportion of the pay or salary they are earning in their current job.
- (8) State Pension age is no longer a fixed age for all men and all women, and is also subject to change. An individual's current State Pension age should be checked online by following the steps here <https://www.gov.uk/state-pension-age>.
- (9) 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. By making this decision there may be a capital cost payable and any costs associated with a subsequent, successful, appeal would also be payable.
- (10) The latest versions of the guidance document are available at <http://www.lgpsregs.org/index.php/dclg-publications/dclg-stat-guidance>

Applicants Name:

## Part E: Employer's Ill-Health Declaration

To be completed by EMPLOYER following signature of the independent doctor in Part D.  
Please tick one of E1, E2 or E3

I hereby declare that the employee named in Part A		
<b>E1:</b>	<input type="checkbox"/>	Is being dismissed on ill-health grounds and <b>does meet</b> the criteria for an ill-health pension. An ill-health pension is therefore awarded and forms CRET1, CRET2 AND CRET3 have been issued. <b>NB: to select this, the doctor must usually have ticked B1 AND B4 and E3 does not apply.</b>
<b>E2:</b>	<input type="checkbox"/>	Is being dismissed on ill-health grounds but <b>does not meet</b> the criteria for an ill-health pension; a deferred pension is therefore awarded. <b>NB: to select this, the doctor must usually have ticked B2 or BOTH B1 and B3.</b>
<b>E3:</b>	<input type="checkbox"/>	Has been considered for dismissal on ill-health grounds <b>BUT</b> has chosen to leave for other reasons or has been re-deployed into gainful employment. I attach details.

**If E1 has been ticked, please tick one of E4, E5 or E6:**

I further certify that, giving due weight to the independent registered medical practitioner opinion regarding the prospect of gainful employment (see B5, B6 or B7), guidance issued by the Department for Communities and Local Government <sup>(10)</sup> and any other evidence I have been provided with my decision is that the employee named in Part A is awarded:		
<b>E4:</b>	<input type="checkbox"/>	Tier 1 benefits: This is their benefits enhanced by the pension that would have been earned between leaving and normal pension age <sup>(5)</sup> because, as a result of their ill health or infirmity, they are unlikely to be capable of undertaking <sup>(8)</sup> any gainful employment <sup>(4)</sup> before their normal pension age.
<b>E5:</b>	<input type="checkbox"/>	Tier 2 benefits: This is their benefits enhanced by 25% of the pension that would have been earned between leaving and normal pension age <sup>(5)</sup> because, as a result of their ill health or infirmity, they are unlikely to be capable of undertaking <sup>(8)</sup> gainful employment <sup>(4)</sup> within the next three years but are likely to be capable of undertaking any gainful employment <sup>(4)</sup> at some time thereafter and before age normal pension age <sup>(5)</sup> .
<b>E6:</b>	<input type="checkbox"/>	Tier 3 benefits: This is their benefits accrued to date of leaving with no enhancement. The pension will be suspended after the earliest of three years from leaving, after 18 months from leaving if they are deemed capable of gainful employment or as soon as they get gainful employment <sup>(4)</sup> . This award applies because it is likely that they will be capable of undertaking <sup>(8)</sup> gainful employment <sup>(4)</sup> within three years or before normal pension age <sup>(5)</sup> if earlier.

**If E4, E5 or E6 has been ticked, please tick E7 or E8:**

<b>E7:</b>	<input type="checkbox"/>	The tier I have awarded is in accordance with the Independent Doctors opinion.
<b>E8:</b>	<input type="checkbox"/>	The tier I have awarded is not in accordance with the Independent Doctors opinion. I attach a statement of why I have made this decision. <sup>(9)</sup>

.....  
Signature of approved employer signatory Date

.....  
Printed name of approved employer signatory Position of approved employer signatory