

**Cheshire Pension Fund
 Ill Health Retirement – Medical
 Certificate – Deferred Members
 who left on/or after 1 April 2014**



Part 1 – TO BE COMPLETED BY THE EMPLOYER			
Name of Member: (please print)			
Date of Birth:	/	/	N.I. Number:
Name of Employer:			
Nature of employment (Please attach job description)			
Date ceased to be an active member:	/	/	

Part 2 – THE MEDICAL OPINION TO BE COMPLETED BY THE APPROVED INDEPENDENT REGISTERED MEDICAL PRACTITIONER			
Please tick Box A1 or A2 - I hereby certify that, in my opinion, the above named person:			
A1	IS	<input type="checkbox"/>	permanently incapable (<i>see note (2) overleaf</i>), because of ill health or infirmity of mind or body, of discharging efficiently the duties of their former employment which gave rise to the deferred benefits.
A2	IS NOT	<input type="checkbox"/>	
If A1 is ticked please complete. I certify that in my opinion the above named person:			
B1	IS	<input type="checkbox"/>	unlikely to be capable of undertaking (<i>see note (3) overleaf</i>) gainful employment in Local Government or otherwise, (<i>see note (4) overleaf</i>), for at least three years or normal pension age (<i>see note (5) overleaf</i>), whichever is sooner.
B2	IS NOT	<input type="checkbox"/>	
Where B1 applies, and the person named in Part 1 is under age 55, please tick B3 or B4 (otherwise please move to Part 3 of this form).			
I certify that in my opinion the above named person:			
B3	IS	<input type="checkbox"/>	permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment.
B4	IS NOT	<input type="checkbox"/>	

Part 3 – GENERAL STATEMENT TO BE COMPLETED BY THE APPROVED INDEPENDENT REGISTERED MEDICAL PRACTITIONER			
I further certify that:			
a)	I have not previously advised, or given an opinion on, or otherwise been involved in this particular case for which this certificate has been requested.		
b)	I am not acting, and have not at any time acted, as the representative of the member named above, the scheme employer or any other party in relation to this case.		
c)	I am registered with the General Medical Council		
d)	I have given due regard to the guidance issued by the Secretary of State when completing this certificate. http://www.lgpsregs.org/index.php/dclg-publications/dclg-stat-guidance)		
Doctor's name: (Please print)			
Signed:		Date:	/ /
Qualifications: (Please See Note (1))			
Notes to Independent Registered Medical Practitioner			
1)	Certification under the regulations may only be provided by an independent registered medical practitioner who is qualified in occupational health medicine. This means holding a diploma in occupational health medicine (D Occ Med) or an equivalent qualification issued by a competent authority in an EEA State (which has the meaning given by section 55(1) of the Medical Act 1983 or being an Associate, a Member or a Fellow of the Faculty of Occupational Medicine or an equivalent institution of an EEA State.		
2)	"Permanently incapable" means that the member will, more likely than not, be incapable, until, at the earliest, their normal retirement age (See 5).		
3)	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.		
4)	"Gainful employment" means paid employment for not less than 30 hours in each week for a period of not less than 12 months		
5)	"Normal pension age" means the employee's individual State pension age at the time the deferred benefit is to be brought into payment, but with a minimum of age 65. 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		

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Part 4 - THE DECISION

TO BE COMPLETED BY THE EMPLOYER

Employer's Determination

Based on the medical opinion received from the IRMP the employer has made the following decision regarding _____ (*insert member name*)

(**A1 and B1** ticked) Bring this former member's retirement benefits into payment before normal pension age, on the grounds of ill health from / / .

(**A2 or B2** ticked) Do **not** bring this former member's retirement benefits into payment before normal pension age, on the grounds of ill health.

Name:		Date:	/ /
Job Title:			
Department:			