

**Cheshire Pension Fund
 Ill Health Retirement – Medical
 Certificate – Deferred Members
 who left before 1 April 2008**



Part 1 – TO BE COMPLETED BY THE EMPLOYER

Name of Member: (please print)			
Date of Birth:	/	/	N.I. Number:
Name of Employer:			
Position (Post Title) at date of becoming deferred member			
Nature of employment (Please attach job description)			
Date ceased to be an active member:	/	/	
Date of application for early payment of deferred benefits:	/	/	

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	WAS	<input type="checkbox"/>	at the date of application for early payment of deferred benefits shown in Part 1, and on the balance of probabilities, permanently incapable (2), 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.
A2	WAS NOT	<input type="checkbox"/>	
This condition has been prevalent from			Date: / /

If A1 is ticked, and the person named in Part A is under age 55 at the date of application please complete,

I certify that in my opinion the above named person:

B1	WAS	<input type="checkbox"/>	at the date of application for early payment of deferred benefits shown in Part 1, permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment. (Note: the answer to this question is used to determine whether the pension should be immediately increased under Pensions Increase legislation).
B2	WAS NOT	<input type="checkbox"/>	

Where A1 has been ticked please also tick B3 or B4

I certify (See Note 3) that in my opinion the above named person:

B3	IS exceptionally ill, with a life expectancy of less than 1 year	<input type="checkbox"/>
	And is aware of this	<input type="checkbox"/>
	is not aware of this	<input type="checkbox"/>
B4	IS NOT exceptionally ill and has a life expectancy of 1 year or more	<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

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 person will, more likely than not, be 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 65th birthday (age 70 in the case of former coroners).
- 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.gmc-uk.org/about/legislation/medical_act.asp#2

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*)

Box A1 ticked
For Pre 1 April 1998 leavers – I certify that the members benefits are payable from the date the IRMP certifies they first became permanently incapable of undertaking the duties of their former employment on / /

Box A1 ticked
For 1 April 1998 leavers onwards – I certify that the members benefits are payable from the date the member first made an election on / /

Name: _____ **Date:** / /

Job Title: _____

Department: _____