



Medical Certificate for

Deferred Members who Left on or after 1 April 1998 and before 1 April 2008

SECTION 1 - Deferred Member's Details (to be completed by the Former Employer)

Name of Deferred Member:		Title:	
Home Address:			
		Post Code:	
N.I. Number:		Date of Birth:	
Employer at date of becoming a deferred Scheme member:			
Post title at date of becoming a deferred Scheme member*:			
Date of Termination:		Date of Application:	
<p>*Please attach Job Description and any other applicable details to distinguish Nature of Employment at date of becoming a Deferred Scheme Member.</p>			

SECTION 2 - Medical Practitioner's Certification

A	<p>I certify that, in my opinion, this deferred member WAS / WAS NOT (please delete as appropriate) at the date of application for the early payment of deferred benefits under Section 1, and on the balance of probabilities, permanently incapable, 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 deemed WAS permanently incapable, proceed to part C below. If deemed WAS NOT permanently incapable, please proceed to Section 4).</p>				
<p>If WAS has been selected under Part A and the deferred member is UNDER age 55 at the date of application shown in Section 1, please complete B and then Part C</p>					
B	<p>I certify that, in my opinion, this deferred member WAS / WAS NOT (please delete as appropriate) at the date of application for early payment of deferred benefits shown in Section 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).</p>				
C	I certify that, in my opinion, this deferred member:				✓
1	IS exceptionally ill, with a life expectancy of less than 1 year:				
	Is the deferred member aware of this?	YES		NO	
2	IS NOT exceptionally ill and has a life expectancy of 1 year or more:				

SECTION 3 - Medical Practitioner's Comments

--

SECTION 4 - Medical Practitioner's Declaration

STAMP (if applicable)

I **DO / DO NOT** (please delete as appropriate) attach a copy of my full report / assessment and certify that:

I have not previously advised, or given an opinion on, or otherwise been involved in this case **AND** I am not acting or have I ever acted as the representative of the deferred member, the former Scheme employer 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' 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.

Signature:			
Print Name:		Date:	

This is a medical certificate provided in respect of a deferred 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.