

Part A: To be completed by the authority

Surname of councillor:

Forenames:

Mr / Mrs / Miss / Ms*

Date of birth:

NI Number:

Home address:

Authority:

Nature of office: Councillor (full description of the requirements of the role are attached)

(*delete as appropriate)

Part B: To be completed by the approved (1) registered medical practitioner.

Please tick either B1 or B2

I certify that, in my opinion, the Councillor named in Part A

B1: IS B2: IS NOT

suffering from a condition that, on the balance of probabilities, renders him / her permanently incapable (2) of discharging efficiently the duties of his / her office as a councillor with his / her authority 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 (5) that, in my opinion, the Councillor named in Part A

B3: IS exceptionally ill, with a life expectancy of less than 1 year and

is aware of this

is not aware of this

B4: IS NOT exceptionally ill and has a life expectancy of 1 year or more

After ticking B3 or B4 please move to Part C.

Part C: To be completed by the approved (1) registered medical practitioner. Severe ill health test statement - as required by HMRC.

If B1 has been ticked I further certify that, in my opinion, the Councillor

B5: DOES B6: DOES NOT

satisfy the following statement:

As a result of his / her ill health or infirmity, the councillor is unable to continue in his / her current office and is unlikely to be capable of taking on any other paid work in any capacity, otherwise than to an insignificant extent (3) before age 65.

(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.

Part D: General statement to be completed by the approved (1) 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 Councillor named in Part A, the 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.

..... Date:
Signature of independent registered medical practitioner

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

Registered medical practitioner's / company's official stamp
(Optional)



(* delete as appropriate)

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 the Pension Fund administering authority.
- (2) 'Permanently incapable' means that the person will, more likely than not, be incapable of discharging efficiently the duties of their office because of ill health or infirmity of mind or body until, at the earliest, their 65th birthday.
- (3) '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.
- (4) 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

General – notes for employers

If B2 has been ticked, the Councillor does not, in the medical opinion of the approved registered medical practitioner, meet the criteria for an ill health pension under the LGPS.

If B1 has been ticked, the Councillor does, in the medical opinion of the approved registered medical practitioner, meet the criteria for an ill health pension under the LGPS.

The opinion given by the approved registered medical practitioner does not, in itself, give entitlement or otherwise to an ill health award. Nor should the medical practitioner indicate to the councillor that such an award will or will not be made. It is for the employing authority to make the formal ill health award determination.

If B3 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 there is no 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.

If B5 has been ticked this means that there is no 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 reviewed in June 2019 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.

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