(07/15)

**Your Pension Service**

**YPS Employer - Certificate for Death in Service**

**SECTION ONE - TO BE COMPLETED BY THE EMPLOYER**

|  |  |
| --- | --- |
| Name of employee |  |
| Employer |  |
| National insurance number |  |
| Employee's normal job |  |
| Date of birth |  |
| Date of death |  |

Has the employee been working reduced contractual hours and received reduced pensionable pay that was either wholly or partly as a result of the condition that caused or contributed to their death?

Yes / No

(*If no, complete Section 4 and return to Your Pension Service)*

If yes, please provide a statement that details the factors that led to the reduction in hour(s)

and pay and the date(s) of the reduction to assist the medical officer.

Medical officers should be provided with full information about the requirements of the employee's normal job, details of any sickness absence, information relating to their death and any other relevant information.

**SECTION TWO—TO BE COMPLETED BY THE MEDICAL OFFICER**

**After consideration of the relevant documents which have been forwarded to me, I**

**certify that:**

In my opinion the reduction(s) in hour(s)

**A**- was **B** – was not

wholly or partly as a result of the condition that caused or contributed to their death.

**SECTION THREE – TO BE COMPLETED BY THE MEDICAL OFFICER**

I declare that I am an Independent Registered Medical Practitioner within the meaning provided in schedule 1 of *The Local Government Pension Scheme Regulations 2013 (as amended).*

Signed

Date

Name (please print)

Title

\_ Qualification: AFOM / MFOM / FFOM / D Occ Med

**SECTION FOUR - TO BE COMPLETED BY THE EMPLOYER**

**If the medical officer is of the opinion that the reduction in hours was wholly or**

**partly as a result of the condition that caused or contributed to the employee's death**

then no account should be taken of any reduction in pensionable pay attributable to that reduction in hours when calculating any death grant and/or survivor pensions (including children's pensions) which may be payable.

**If the medical officer is of the opinion that the reduction in hours was not wholly or partly as a result of the condition that caused or contributed to the employee's death** then any reduction in membership or pay attributable to that reduction in hours should be taken into account when calculating any death grant and/or survivor pensions (including children's pensions) which may be payable.

Signed on behalf of the employer

Date

Name (please print) \_

Position

\_ Contact Tel