

**Falkirk Council Pension Fund
Certificate of Permanent Ill Health**

(for use with Deferred Beneficiaries who ceased to be Active Members before 1st April 2008)

This form is to be completed by the employer's medical adviser who must also have been *approved*^A by Falkirk Council as the Administering Authority of Falkirk Council Pension Fund.

Please complete Section 1 and sign Section 2.

Former Employee's Full Name:			
Name of Former Employer:			
Former Occupation:		NI Number:	
Date of application for early payment of deferred benefits:			

Section 1

**Local Government Pension Scheme Medical Certification
Local Government Pension Scheme (Scotland) Regulations 1987**

		Tick As Appropriate	
		Yes	No
A0	For the purposes of paying retirement benefits under the above Regulations, I certify that, in my opinion, the above named person's ill health or infirmity of mind or body as at the date of application for early payment of deferred benefits, renders this person <i>permanently incapable</i> ^B of discharging efficiently the duties their former employment or office, which gave rise to the deferred benefits in the Local Government Pension Scheme.		
If "YES" is ticked at A0 above, please complete the remaining questions and Section 2 below. If "NO" is ticked, please complete and sign Section 2 below.			
Further to this, I certify that, in my opinion,			
A1	this person became permanently incapable on _____ and that this was discoverable at that time based on evidence available at that time; <small>(Enter Date)</small> (Note: the date entered can be earlier than, and need not correspond with, the date of the person's application for early payment of deferred benefits, and will be used as the date from which the pension benefits will be payable).		
		Tick Appropriate Statements	
A2	was at the date entered in A1 above, under age 55 and permanently incapable of engaging in any regular full-time employment.		
A3	has a <i>life expectancy</i> ^C of less than one year and <i>is / is not</i> [*] aware of this fact. <small>(* please delete as appropriate)</small>		

Section 2

In my capacity as certifying medical adviser, I hereby confirm that I am *qualified in occupational health medicine*^D, as required by the above Regulations. I also confirm that for the purposes of the regulations I am independent, not having previously advised or given an opinion on, or otherwise been involved in this case and that I am not acting and have not at any time acted as a representative of the former employee, or the employer, or any other party with regard to the former employee in question. Furthermore I confirm that I have fully read and understood the notes overleaf.

Signed:

Date:

Name of Certifying Doctor: <small>(Please Print)</small>	
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Notes

A	'Approved' means that the independent registered medical practitioner signing the certificate must have been approved for this purpose by the Pension Fund administering authority. Where a doctor, other than a doctor who is part of an employer's Occupational Health Service is used, the certifying doctor must also be approved by the employer and the administering authority. Please ensure that the doctor has this approval.
B	'Permanently incapable' means that the person will, more likely than not, be incapable of discharging efficiently the duties of their former employment or office with the former employer because of ill health or infirmity of mind or body until, at the earliest, their 65 th birthday.
C	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
D	'Qualified in occupational health medicine' means holding a diploma in occupational medicine (D Occ Med) or an equivalent qualification issued by a competent authority in an EEA State; and for the purpose of this definition "competent authority" has the meaning given by the General and Specialist Medical Practice (Education, Training and Qualification) Order 2003 or being an Associate, a Member or a Fellow of the Faculty of Occupational Medicine or an equivalent institution of an EEA State.

General

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 deferred member that such an award will or will not be made. It is for the former employer to make the formal award determination.

If A2 has been ticked this means that the pension will be immediately increased under Pensions Increase legislation.

If A3 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.

These notes were up-to-date when this form was updated in May 2011 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.

End of Notes