

IHC7

Title:

Post Code:

Medical Certificate for Former Councillor Members

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

Name of Former Councillor:

Home Address:

Number:		Date of Birth:					
ner Employer:		Position held*:					
of Termination:		Date of Application:					
*Please attach full details of the requirements of his / her former role in office.							
SECTION 2 - Medical Practitioner's Certification							
I certify that, in my opinion, this former Councillor WAS / WAS NOT (please delete as appropriate) at the date of application for the early payment of deferred benefits shown 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 office as a Councillor which gave rise to the deferred benefits in the Local Government Pension Scheme. If deemed WAS NOT permanently incapable, please proceed to Section 4).							
If WAS has been selected under Part A and the former Councillor is OVER 55 at the date of application shown in Section1, please proceed straight to Part C. If WAS has been selected under Part A and the former Councillor is UNDER age 55 at the date of application shown in Section1, please proceed to Part B and then Part C.							
B I certify that, in my opinion, the former Councillor 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).							
I certify that, in my opinion, this former Councillor:							
1 IS exceptionally ill, with a life expectancy of less than 1 year.							
Is the former Councillor awa	re of this?	YES	NO				
2 IS NOT exceptionally ill and has a life expectancy of 1 year or more.							
	*Please atta *Please atta *Please atta I certify that, in my opinion application for the early parpermanently incapable, becare former office as a Councillor of the demed was not permanently incapable, becare former office as a Councillor of the demed was not permanently incapable, becare former office as a Councillor of the demed was not permanently incapable, becare former office as a Councillor of the proceed straight to Part C. For application shown in Section of the proceed straight to Part C. For application for early paymer caused by physical or mentation is used to determine whether the office of the proceed straight to paymer caused by physical or mentation is used to determine whether the office of the proceeding of the proceed	*Please attach full details of the requirements *Please attach full details of the requirements *ION 2 - Medical Practitioner's Certification I certify that, in my opinion, this former Councillor WAS / W application for the early payment of deferred benefits shown permanently incapable, because of ill health or infirmity of mind former office as a Councillor which gave rise to the deferred benefits deemed WAS NOT permanently incapable, please proceed to the set of application shown in Section 1, please proceed to Part B and the set of application for early payment of deferred benefits shown in Section 1, please proceed to Part B and the set of application for early payment of deferred benefits shown in Section 1 of deferred benefits shown in Section 2 of deferred benefits shown in Section 3 is used to determine whether the pension should be immediately increased by physical or mental infirmity of engaging in any regular is used to determine whether the pension should be immediately increased. I certify that, in my opinion, this former Councillor: IS exceptionally ill, with a life expectancy of less than 1 year. Is the former Councillor aware of this?	Position held*: of Termination: *Please attach full details of the requirements of his / her former role in comparison of the properties	*Please attach full details of the requirements of his / her former role in office. *Please attach full details of the requirements of his / her former role in office. *ION 2 - Medical Practitioner's Certification I certify that, in my opinion, this former Councillor WAS / WAS NOT (please delete as appropriate) at the capplication for the early payment of deferred benefits shown under Section 1, and on the balance of probal permanently incapable, because of ill health or infirmity of mind or body, of discharging efficiently the duties of h former office as a Councillor which gave rise to the deferred benefits in the Local Government Pension Scheme. If deemed WAS NOT permanently incapable, please proceed to Section 4). **Shas been selected under Part A and the former Councillor is OVER 55 at the date of application shown in See a proceed straight to Part C. If WAS has been selected under Part A and the former Councillor is UNDER age 55 of application shown in Section 1, please proceed to Part B and then Part C. I certify that, in my opinion, the former Councillor WAS / WAS NOT (please delete as appropriate) at the capplication for early payment of deferred benefits shown in Section 1, permanently incapable by reason of discaused by physical or mental infirmity of engaging in any regular full-time employment. (Note: the answer to this q is used to determine whether the pension should be immediately increased under Pensions Increase legislation). I certify that, in my opinion, this former Councillor: IS exceptionally ill, with a life expectancy of less than 1 year. Is the former Councillor aware of this? YES NO			

	al Practitioner	3 dominients		
SECTION 4 - Medic	al Practitioner'	's Declaration		
				STAMP
I DO / DO NOT (please / assessment and cer		riate) attach a copy of my fo	ull report	(If applicable)
in the case AND I am	not acting, and hav	n opinion on, or otherwise live not at any time acted, as rauthority or any other part	the representative	
competent authority	in an EEA State (with Associate, a Memb	Medicine (D Occ Med) or a th 'competent authority' m per or a Fellow of the Facult	eaning given by Se	
Signature:				
Print Name:				1

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

NOG 7

Notes of Guidance

Completion of Medical Certificate for Former Councillor Member

The Completion of the Form

- If option A has been marked with 'WAS NOT', the former Councillor <u>does not</u>, in the medical opinion of the approved registered medical practitioner, meet the criteria for early release of the deferred pension benefits under the LGPS.
- If however, option A has been marked with 'WAS', the former Councillor <u>does</u>, in the medical opinion of the approved registered medical practitioner, meet the criteria for early release of the deferred pension benefits under the LGPS.
- If option C1 has been ticked, the Pension Fund administering authority may pay the former Councillor a lump sum equal to 5 times the Councillor's annual pension. If such a payment is made this does not constitute a 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.
- The opinion given by the approved registered medical practitioner does not, in itself, give entitlement or otherwise to early release of the deferred pension benefits under the LGPS. Nor should the medical practitioner indicate to the former Councillor that such an award will or will not be made. It is for the former employing authority to make the formal award determination.

Glossary of Terms

- The Independent Registered Medical Practitioner signing the certificate must have been approved for this purpose by the administering authority.
- 'Permanently incapable' means that the former Councillor will, more likely than not, be incapable of discharging efficiently the duties of their former office because of ill health or infirmity of mind or body until, at the earliest, their 65th birthday.
- 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

Disclaimer

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

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