

**Ill Health Retirement Declaration – Current Employee**

This form must be completed and returned to the address given below when an employee, who is an active member of the pension scheme, is being retired by reason of ill health or infirmity of mind or body.

**For completion by the referring Manager or Employer's HR Representative**

**Employer** (including department or school as applicable) \_\_\_\_\_

**Name of contact** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone number** \_\_\_\_\_

**Employee Details:**

**Title (Mr/Mrs/Miss/Ms/Other)** \_\_\_\_\_

**Employee's surname** \_\_\_\_\_ **Forenames** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **National Insurance number** \_\_\_\_\_

**Job Title / Nature of employment**  
(job description attached) \_\_\_\_\_

**Hours of employment** \_\_\_\_\_  
(i.e. whole-time or part-time and, if part-time, show proportion of whole-time hours or weeks)

**Has the employee been working reduced contractual hours and had reduced pensionable pay as a consequence of the reduction in working hours due to their ill health/infirmity of mind or body? Yes / No \***  
\*delete as appropriate

(If 'Yes', please attach a statement providing background details e.g. factors that led to the reduction in hours, number of hours by which contractual hours were reduced, date(s) reduction(s) in hours occurred. This is to assist the registered medical practitioner when completing Section D).

**CONFIDENTIAL MEDICAL DECLARATION For completion by the approved registered Medical Practitioner<sup>(1)</sup>**

Please read the explanatory notes before completing this form

Date of examination:	
<b>SECTION A</b>	
I certify that, in my opinion, the above named member.....(please tick as appropriate)	
<input type="checkbox"/> A1: IS	<input type="checkbox"/> A2: IS NOT
suffering from a condition that, more likely than not, renders them permanently incapable <sup>(2)</sup> of discharging efficiently the duties of their employment with his/her employer because of ill health or infirmity of mind or body.	
If A1 has been ticked, please now complete SECTION B to SECTION D as they apply in this case – then complete SECTION E & SECTION F.	
If A2 has been ticked, please now complete SECTION B & SECTION F.	

**SECTION B**

I certify that, because of that ill health or infirmity, the above named member.....(please tick as appropriate)

**B1: IS**

**B2: IS NOT**

**immediately capable** of undertaking<sup>(3)</sup> any gainful employment<sup>(4)</sup>

**If B2 has been ticked, please now complete SECTION C to SECTION E as they apply in this case – then complete SECTION F**

**If B1 has been ticked, please now complete SECTION F**

Please state reason(s)

I attach a copy of my full report / assessment

Yes / No \*

**SECTION C**

I certify that, in my opinion, having regard to that ill health or infirmity the above named member.....(please tick as appropriate)

**C1 IS LIKELY to be capable** of undertaking<sup>(3)</sup> gainful employment <sup>(4)</sup> **within the next 3 years**  
(or before their normal pension age<sup>(5)</sup>, if earlier)

**C2 IS UNLIKELY to be capable** of undertaking<sup>(3)</sup> any gainful employment<sup>(4)</sup> **within the next 3 years BUT IS LIKELY to be capable** of undertaking<sup>(3)</sup> gainful employment<sup>(4)</sup> **at some time thereafter** and before their normal pension age<sup>(5)</sup>

**C3 IS UNLIKELY to be capable** of undertaking<sup>(3)</sup> gainful employment<sup>(4)</sup> before their normal pension age<sup>(5)</sup>

**SECTION D**

I certify that, in my opinion, the above named member.....(please tick as appropriate)

**D1: IS**

**D2: IS NOT**

in part-time service and working reduced contractual hours wholly or partly as a result of the ill health or infirmity of mind or body

**SECTION E - To be completed by the approved registered Medical Practitioner.**

**Severe ill health test statement - as required by HMRC**

If either **C1, C2 or C3** have been ticked, I further certify that, in my opinion, the employee

**Does**

**Does NOT**

satisfy the following statement –

**As a result of his/her health or infirmity, the employee is unable to continue in his/her current job and is unlikely to be capable of taking on any other paid work in any capacity, otherwise than to an insignificant extent<sup>(6)</sup> before State Pension Age<sup>(7)</sup>.**

*Note – the answer to this question is used to determine whether or not the individual could be subject to a tax charge in accordance with the annual allowance test under the Finance Act 2004*

**SECTION F**

**Declaration by approved Medical Practitioner**

I declare I have not previously advised, or given an opinion on, or otherwise been involved in the particular case for which this certificate has been requested (other than as part of the due process of considering this retirement), and I am not acting, and have not at any time acted, as the representative of the member, the Scheme employer or any other party in relation to this case.

I am registered with the General Medical Council and 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.

I have given due regard to the guidance issued by the Secretary of State when completing this certificate\*\*

(\*\*the guidance document is available at <http://www.lgpsregs.org/index.php/dclg-publications/dclg-stat-guidance>)

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name in Block Capitals** \_\_\_\_\_

Registered medical practitioners/company  
official stamp

**When completed, please return this form to: The Referring Manager or the Employer's HR Representative**

**Explanatory notes to accompany certificate**

- (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 employment with the employer because of ill health or infirmity of mind or body until, at the earliest, their 'normal pension age' – see (5).
- (3) The independent registered medical practitioner is providing an opinion on the person's capability of undertaking gainful employment based solely on the effect the medical condition has on the person's ability to undertake gainful employment.
- (4) 'Gainful employment' means paid employment for not less than 30 hours in each week for a period of not less than 12 months. It does not have to be employment that is commensurate in terms of pay and conditions with that of the person's current employment.
- (5) 'Normal pension age' means the employee's individual State Pension Age at the time the employment is to be terminated, but with a minimum age of 65. For a breakdown of individual State Pension Ages please see <http://www.pensionsadvisoryservice.org.uk/state-pensions/know-your-state-pension-age>
- (6) '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.

- (7) State pension age is currently age 65 for men. State pension age for women is currently being increased to be equalised with that for men. Women's State Pension Age will reach 65 by November 2018. The State Pension Age will then begin to increase further for both men and women from December 2018 onwards. To determine an individual's State Pension Age please go to <http://www.pensionsadvisoryservice.org.uk/state-pensions/know-your-state-pension-age>

## **General Notes for Employers**

**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 employee that such an award will or will not be made. It is for the employer to make the formal ill health award determination.**

If **A2 or B1** have been ticked this means that the member does not, in the medical opinion of the approved registered medical practitioner, meet the criteria for an ill health pension under the LGPS.

If **A1, B2 and C1** have been ticked, this means that the member, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 3 ill health pension under the LGPS.

If **A1, B2 and C2** have been ticked, this means that the member, in the medical opinion of the approved registered medical practitioner, meets the criteria for tier 2 ill health pension under the LGPS.

If **A1, B2 and C3** have been ticked, this means that the member, in the medical opinion of the approved registered medical practitioner, meets the criteria for tier 1 ill health pension under the LGPS.

If the approved registered medical practitioner has ticked **D1 in Section D**, (i.e. the employee is in part-time service and working reduced contractual hours wholly or partly as a result of ill health or infirmity of mind or body) the employer can calculate the assumed pensionable pay (APP) upon which the members enhancement to benefits is to be calculated as if the reduction in contractual hours and pay had not occurred.

If the approved registered medical practitioner has indicated 'does satisfy the following statement' in **Section E** 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 updated in March 2015 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 employee by an approved, duly qualified, registered independent medical practitioner <sup>(1)</sup> in accordance with Regulation 36 of the Local Government Pension Scheme Regulations 2013 and for the purposes of Section 229(4) of the Finance Act 2004.

## **For completion by the Employers Ill Health Retirement Panel (IHRP)**

The IHRP represents the employer, London Borough of Hackney, in relation to deciding whether or not the award ill health retirement benefits to LGPS members. The Panel must consist of a representative from London Borough of Hackney Human Resources and a representative from London Borough of Hackney Financial Services in order to consider an ill health retirement case. Where a member is an employee of the Hackney Learning Trust, the Panel **must** also include an HR Representative from Hackney Learning Trust.

The Panel is responsible for deciding:

- Whether to offer the member retirement on the grounds of ill health
- The level of benefits to be paid to the member if retirement on the grounds of ill health is agreed

*\*Delete as appropriate*

(A) The IHRP agree to retire the above named member on the grounds of ill health

Yes /No\*

*If YES please complete section B*

*If NO please complete sections C to E*

(B) Level of retirement benefits to be awarded

Tier 1 / Tier 2 / Tier 3\*

(C) Reason(s) not to award Ill Health Retirement at this stage:

---

---

---

(D) The IHRP agree to obtain second opinion from Occupational Health Adviser Yes / No\*

(E) The IHRP agree to obtain second / third opinion from an alternative independent occupational health doctor  
Yes / No\*

**Signed: (LBH) Head of HR and OD or Representative** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Signed: (LBH) Financial Services Representative** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

*In relation to Hackney Learning Trust staff only -*

**Signed: (LBH-HLT) Head of Human Resources or Deputy Head of HR** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Once complete, this form is to be returned to the referring Manager to either:

- agree last day of service  
and
  - complete Leaver Form
- or
- to continue to manage the employee using sickness absence procedures
- or
- dismiss on grounds of sickness incapability.

---

**Upon completion the referring Manager, or Employer's HR Business Partner/Representative, must return this form, together with a completed Leaver Form to:**

**London Borough of Hackney Pensions, Equiniti, via secure upload facility – Sharefile -**

**or by post to London Borough of Hackney Pensions, Equiniti Pension Solutions, Russell Way,  
Crawley, West Sussex RH10 1UH**

**AND provide a copy to the Financial Services Section, 4<sup>th</sup> Floor, Hackney Service Centre, 1 Hillman Street, London E8 1DY**