

Tier 3 ill-health certificate

Employer: please complete this section	
Full name	WYPF reference
Former employer	Date left former employment
Former job title/occupation	
<p>Q1. Have the employee's contractual hours been reduced as a result of their ill health? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>If yes, what date were their hours first reduced as a result of their ill health?.....</p>	
<p>At the date they left their former employment this person was:</p> <ul style="list-style-type: none"> • Considered to be suffering from a condition that renders them permanently incapable of discharging efficiently the duties of the relevant employment because of ill health or infirmity of mind or body; and • They have a reduced likelihood of being capable of undertaking any gainful employment before their normal retirement age (age 65). <p>In accordance with regulation 20 of the Benefits, Membership & Contributions regulations 2007, it is now necessary to review whether they are still capable of undertaking gainful employment within 3 years of the date they left their employment. If the doctor ticks box 3, you may wish to consider whether to award an enhanced (tier 2) ill health pension should be paid from the date of this review.</p>	

<p>Doctor: please complete this section</p> <p>Please complete the information below, then turn over the page and complete the declaration. Please return this form to the employer – not the pension fund.</p> <p>Ill health declaration</p> <p>In my opinion this person was (answer 1, 2 or 3):</p> <p>1. <input type="checkbox"/> Currently likely to be capable of undertaking gainful employment.</p> <p>2. <input type="checkbox"/> Not currently likely to be capable of undertaking gainful employment (due to the condition that resulted in them being awarded an ill-health pension) but is likely to be capable of undertaking gainful employment within 3 years of the date they left their employment.</p> <p>3. <input type="checkbox"/> Not currently likely to be capable of undertaking gainful employment within 3 years of leaving his/her employment (due to the condition that resulted in them being awarded an ill-health pension). Note: this will help the employer determine whether to uplift the person from a tier 3 to a tier 2 benefit.</p> <p>Severe ill health test statement (required by HMRC).</p> <p>In my opinion, the member was unable to continue in their former job and is unlikely to be capable of taking on any other paid work in any capacity, other than to an insignificant extent before state pension age because of their ill health or infirmity.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please see over the page for definitions of the terms used here.</p>
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Definition of terms from 2008 Regulations – extract from Regulation 20(14)

Permanently incapable means that the member will, more likely than not, be incapable until, at the earliest, his 65th birthday.

Gainful employment means paid employment for not less than 30 hours in each week for a period of not less than 12 months.

State pension age

For a full breakdown of state pension ages please see:
www.pensionsadvisoryservice.org.uk/state-pensions/statepension-age-calculator

Notes

The independent medical practitioner signing this certificate must have been approved for this purpose by West Yorkshire Pension Fund.

The independent 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 ability to undertake gainful employment.

The independent medical practitioner signing this form can be the same person who originally certified the scheme member's permanent incapacity at the date of leaving.

The opinion given by the approved registered medical practitioner does not in itself determine the cessation or otherwise of a benefit under the LGPS. It is for the former employing authority to make the formal determination.

To be completed by the doctor

To be completed by the doctor – the independent registered medical practitioner signing this certificate does not have to be a different independent medical practitioner to the one who certified the person's incapacity at the date they left the scheme.

Doctor's name.....

Occupational Health qualification.....

Doctor's address

Declaration

I, the above named doctor, hereby certify that:

- I am registered with the General Medical Council, and
- I hold:
 - a diploma in occupational health medicine (DOccMed), 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, and
- I have given due regard to the guidance issued by the secretary of state when competing this certificate.

Doctor's signature.....

Date.....

Doctor's stamp: