

Ill health certificate

Deferred members who became deferred before 1 April 2014

Full name.....

WYPF reference or NI number.....

Former employer

Former job title/occupation

Date member left former job.....

Doctor: please complete this section

Please complete the information below by ticking the appropriate boxes, then turn over the page, fill in your details and sign the form. Return this form to the **employer**, not the pension fund.

Ill health declaration

- If the member left their job **after 31 March 2008**, you must answer **1** and **3** below (as described in the 2008 regulations).
- If the member left their job **before 1 April 2008**, you should answer **1** and **2** below (as described in the 1997 regulations).

1 In my opinion this person is, on the balance of probabilities **permanently incapable** (see over page for definition) of discharging efficiently the duties of the former employment because of ill health or infirmity of mind or body.

Yes* No**

* If **Yes** and the member left their job **before** 1 April 2008, also answer **question 2**

** If **No** please go straight to the declaration over the page

2 In my opinion this person is suffering from a terminal condition and I expect them to survive for less than one year.

Yes No

3 In my opinion this person has reduced likelihood of being capable of undertaking any **gainful employment** (see over page for definition) within three years of the date of application, or age 65 if earlier.

Yes No

If the answers to question 1 (if member left their job before 1 April 2008) or both questions 1 and 3 (if member left their job after 31 March 2008) is No, please now turn the page and fill in your details. Otherwise, please continue below.

Complete this section if, at the date of the request for the benefits to be brought into payment, this person is under the age of 55 (this is just for pensions increase purposes).

I certify that the above named is (tick one box):

Permanently incapable of engaging in **any** regular full-time employment by reason of physical/mental infirmity.

Not permanently incapable of engaging in **any** regular full-time employment

Please re-enter member's name here

Definition of terms from 1997 Regulations

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

Definition of terms from 2008 Regulations

- **Permanently incapable** means that the member will, more likely than not, be incapable until, at the earliest, his 65th birthday.
- **Gainful employment** is 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 former employment.

Notes

The opinion given by the approved medical practitioner does not in itself give entitlement or otherwise to early release of the deferred pension benefits. It is the employer who makes the formal award determination.

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

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 ability of to undertake gainful employment. Certification of limited life expectancy of less than one year may only be provide by a fully registered person within the meaning of the medical act 1983.

To be completed by the doctor

Doctor's name.....

Doctor's address

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.....

.....

Doctor's stamp

Declaration

I, the above-named doctor, hereby certify that:

- I 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 am registered with the general medical council,

and

- I have given due regard to the guidance issued by the Secretary of State when completing this certificate
- If this member became deferred before 1 April 2008 I have not previously advised, or given an opinion on, or otherwise been involved in this case. Nor am I acting, or have at any time acted as the representative of the member, the scheme employer or any other party in relation to this case. (For members who became deferred from 1 April 2008 to 1 March 2014 this part of the declaration doesn't apply)

Signed.....

Date.....

The notes on this form were up to date when this from was last updated and are provided for information only. They confer no contractual or statutory rights and in the event of a dispute the appropriate legislation will prevail.

Please return this form to the employer, not the pension fund