

## Ill health certificate

Deferred members who became deferred on or after 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 West Yorkshire Pension Fund/ Lincolnshire Pension Fund.

#### Ill health declaration

1 In my opinion this person is **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** continue to **question 2**

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

2 In my opinion this person is unlikely to be capable of undertaking **gainful employment** (see over page for definition) within three years of the date of application, or age 65 if earlier.

Yes  No

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 in my opinion the above named is (tick one box):

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

Not permanently incapable of engaging in **any** regular full-time employment by reason of disability caused by physical/mental infirmity.

**Definition of terms**

**Permanently incapable** means that the member will, more likely than not, be incapable until, at the earliest, their normal pension age.

**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.

**Normal pension age/state pension age** means the employee's state pension age at the date their employment is terminated (minimum of age 65). For a full breakdown of state pension ages please see [www.pensionsadvisoryservice.org.uk/state-pensions/know-your-state-pension-age](http://www.pensionsadvisoryservice.org.uk/state-pensions/know-your-state-pension-age)

**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. If the employer agrees to bring the deferred pension into payment early, the pension is payable from the date the employer determines that the member meets the criteria for early release of the benefits. (Not from the date of the member's application for early payment or from the date the certificate is signed.)

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 their ability to undertake gainful employment.

**To be completed by the doctor**

Doctor's name.....

Doctor's address .....

.....  
.....  
.....

**Doctor's stamp**

**Declaration**

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

- 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.
- 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

**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 West Yorkshire Pension Fund