

## Ill health certificate for retirements from 1 April 2014 onwards

<b>Full name</b>	<b>Payroll number</b>
<b>Employer</b>	<b>WYPF reference</b>
<b>Job title/occupation</b>	<b>National Insurance number</b>

**Q1.** Have the employee's contractual hours been reduced as a result of their ill health?  Yes\*  No

\*If yes, what date were their hours first reduced as a result of their ill health? .....

**Q2.** Does the employee have an incomplete 'purchase of service' contract?  Yes\*  No

Contact your pension section if you need guidance with this question.

### Doctor: please tick all boxes that apply below and continue over the page.

**Ill-health declaration (1)** – only complete when the employer answers **Yes** above to **Q1** and/or **Q2**.

**A** If the answer to **Q1** is **Yes**: the member 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.

Yes  No

**B** If the answer to **Q2** is **Yes**: in my opinion this person is permanently incapable (1997 definition) of discharging efficiently the duties of the employment above or any other comparable employment with his/her employing authority because of ill health or infirmity of mind or body.

Yes  No

**Ill health declaration (2)** – complete for all cases

- In my opinion this person is suffering from a condition that more likely than not renders him/her permanently incapable (see over the page for definition) of discharging efficiently the duties of the relevant employment because of ill health or infirmity of mind or body, and
- I certify that, because of that ill health or infirmity of mind or body the employee is not immediately capable of undertaking any gainful employment.

No – to one or both parts of ill health declaration 2 – please go straight to the declaration over the page

Yes – to both parts of ill health declaration 2 – please continue below and over the page

**As a result of ill health and infirmity** (tick **one** box):

He/she is unlikely to be capable of undertaking any **gainful employment** before his/her normal pension age (TIER 1).

He/she is unlikely to be capable of undertaking any **gainful employment** within 3 years of leaving his/her employment but it is likely that he/she will be capable of undertaking gainful employment before his/her normal pension age (TIER 2).

He/she is likely to be capable of undertaking gainful employment within 3 years of leaving his/her employment or normal pension age, if earlier (TIER 3).

**Severe ill health test statement** (required by HMRC).

In my opinion, the member is unable to continue in their current 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.

Yes  No

**Continue over the page**

Please re-enter member's name:

**Definition of terms from 2014 Regulations**

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

**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 condition to the person's current 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)

**Definition of comparable employment from 1997 Regulations** (relevant to Q2 only)

**Comparable employment** means when compared to member's employment:

- a. The contractual provisions as to capacity either are the same or differ only to an extent that is reasonable given the nature of the member's ill health or infirmity of mind or body, or
- b. the contractual provisions as to place, remuneration,

hours of work, holiday entitlement, sickness or injury entitlement and other material terms do not differ substantially from those of the member's employment.

**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 opinion given by the approved registered medical practitioner does not in itself give entitlement or otherwise to an ill health award. It is the employer who makes the formal ill health award determination.
- **Severe ill health statement** – If the **yes** box is ticked this means there is no pension input amount for the purposes of annual allowance test under The Finance Act 2004.

**Insignificant extent** means, for example that the person could do voluntary or unpaid work where expenses are reimbursed or subsistence payments are made. The payment should be small in amount and the work infrequent.

**Doctor: please complete this section**

Doctor's name.....

Doctor's address .....

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.....

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.
- I am registered with the General Medical Council
- 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.

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 form was last updated 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.

**Please return this form to the employer – not the pension fund**