P72a

Version 2

Medical practitioner's certificate for a deferred beneficiary who ceased membership before 01/04/1998

BLACK INK ONLY

Former employer:

Please see Notes for guidance for help filling in this form:
Mandatory fields are marked with *

A. Deferred member's details (To be completed by the employer)

Title:	**Surname*:**	**Forename(s)*:**
Address*: **Postcode*:**		**Home email:** **(if known)** **Contact number:** **Home/Mobile if known)**
National Insurance number*:		**Date of leaving scheme***:
Date of Birth*:		**Date of application for early payment of deferred benefits***:

Position (post title) and nature of employment (normal occupation) at date of becoming a deferred member* *[a job description and full information on requirements of the job must be attached for the doctor]:*

B. Medical Practitioner's certificate (To be completed by the IRMP)

This part is to be completed by an approved Independent Registered Medical Practitioner (IRMP) [see note 2]. Please refer to the relevant notes and definitions section on page 3 where appropriate.

Section 1*: In your opinion, was the member named in Part A, on the balance of probabilities, permanently incapable *[see note 3],* because of ill health or infirmity of mind or body, of discharging efficiently the duties of his/her former employment which gave rise to the deferred benefits in the Local Government Pension Scheme? *[please tick as appropriate]*

B1: Yes ☐ → ***Go to section 2*** **B2: No** ☐ → ***Go to Part C***

Section 2: ***Only complete this section if B1 has been ticked***
I certify that the date the person named in Part A became permanently incapable *[see note 3]* was:

B3: (enter full date dd/mm/yy) _____ and that this was discoverable at that time based on evidence available at that time

Please note: The date entered can be earlier than, and need not correspond with, the date of the person's application for early payment of deferred benefits, as shown in Part A, and will be used as the date from which the pension benefits will be payable.

→ ***Go to section 3***

Section 3: ***Only complete this section if B1 has been ticked and the member named in Part A is under age 55 at the date entered in B3. If the member named in Part A is over age 55 at the date entered in B3 please complete section 4***
In your opinion, was the member named in Part A permanently incapable by reason of disability caused by physical or mental infirmity of engaging in any regular full-time employment? *[please tick as appropriate]*

B4: Yes ☐ → ***Go to B6*** **B5: No** ☐ → ***Go to section 4***

I certify that the date from which the member named in Part A became so incapable was:

B6: (enter full date dd/mm/yy) _____ → ***Go to section 4***

Please note: A date entered at B6 can be the same as, or later than, the date entered at B3 and is used to determine the date from which the pension should be increased under Pensions Increase legislation.

P72a form – Summary member details (To be completed by the former employer in case pages get separated)

Surname*:	**Forename(s)*:**
National Insurance number*:	**Former employer*:**

B. Medical Practitioner's certificate continued

(To be completed by the IRMP)

Section 4: ***Only complete this section if B1 has been ticked***

In your opinion is the member, named in Part A, exceptionally ill with a life expectancy of less than 1 year *[see note 4]*? *[please tick as appropriate]*

B7: Yes ☐ **B8: No** ☐

If B7 'Yes' has been ticked, is the member aware of this? **Yes** ☐ **No** ☐

Please now complete Part C.

C. General statement

(To be completed by the IRMP)

Please sign and complete the details below as a declaration that the following statements are true:

- I am a Greater Manchester Pension Fund approved IRMP.
- I have not previously advised, or given an opinion on, or otherwise been involved in this case.
- I am not acting, and have not at any time acted, as the representative of the member named in Part A, the former 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 an equivalent institution in an EEA State.
- I attach a copy of my full report/assessment.

Signature of IRMP*:
Printed name of IRMP*:
Date*:
IRMP/Company's Official Stamp:

For employer use only

(To be completed by employer as applicable)

D. Former employer's agreement to early payment of deferred benefits on ill health grounds

Please note: This Part is only to be completed by the employer on receipt of the medical opinion from the approved IRMP and where in light of this, the employer has made the formal award determination that the deferred member named in Part A of this form meets the criteria for early release of the deferred pension benefits under the LGPS and decided to accede to the member's request for early payment.

The member named in Part A has requested early payment of retirement benefits on ill health grounds. I authorise payment of those benefits from the following date *[see B3]*:

(Enter full date dd/mm/yy:) ☐ → ***Go to Part E***

E. Certified correct by authorised officer

Please note: This Part is only to be completed if Part D has been completed and early payment of deferred benefits agreed by the employer.

Signature:	**Date:**

For Pensions Office use only

Pensions Office stamp:

Notes for guidance: **P72a**, Medical Practitioner's certificate for a deferred beneficiary who ceased membership before 01/04/1998

Meaning of terms used

1. This medical certificate is provided in respect of a **deferred** member in accordance with regulation D11 of the Local Government Pension Scheme (LGPS) Regulations 1995 (as amended) and for the purposes of section 229(4) of the Finance Act 2004.

2. The independent registered medical practitioner (IRMP) signing the certificate must have been approved for this purpose by the administering authority i.e. Greater Manchester Pension Fund.

3. ***Permanently incapable*** means that the person will, more likely than not, be incapable of discharging efficiently the duties of their former employment with the employer because of ill health or infirmity of mind or body until, at the earliest, their 65th birthday (age 70 in the case of former coroners).

4. Certification of limited life expectancy of less than 1 year may only be provided by a fully registered person within the meaning of the Medical Act 1983. The full text of the Act can be found at:

http://www.gmc-uk.org/about/legislation/medical_act.asp#2

General

- If **B2** has been ticked, this means that in the medical opinion of the approved IRMP, **the deferred member does NOT meet the criteria for early release of the deferred pension benefits under the LGPS**.
- If **B1** has been ticked, this means that in the medical opinion of the approved IRMP**, the deferred member meets the criteria for early release of the deferred pension benefits under the LGPS.**
- The opinion given by the approved IRMP does not, in itself, give entitlement or otherwise to early release of the deferred pension benefits under the LGPS. Nor should the medical practitioner indicate to the deferred member that such an award will or will not be made. **It is for the former employer to make the formal award determination.**
- If **B7** has been ticked, the Pension Fund administering authority may pay the member a lump sum equal to 5 times the member's annual pension. If such a payment is made this does not constitute a 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.
- If the former employer agrees to bring the deferred pension into payment early, the employer should complete and sign the employer only section of this form at Parts **D** and **E** on page 2 and then send to the Pensions Office.