P72c

Version 3

Medical practitioner's certificate for a deferred beneficiary who ceased membership on or after 01/04/2008 and before 01/04/2014

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*:		**Home email: (if known)**
Postcode*:		**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 3]. 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, at the date of application for early payment of deferred benefits shown in Part A, and on the balance of probabilities, permanently incapable *[see note 4],* 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***
In your opinion, does the member named in Part A, as a result of their ill health or infirmity have a reduced likelihood of being capable of undertaking *[see note 5]* other gainful employment *[see note 6]* within three years of the date of application shown in Part A or, if earlier, before normal retirement age *[see note 7]*? *[please tick as appropriate]*

B3: Yes ☐ → ***Go to section 3*** **B4: No** ☐ → ***Go to Part C***

Section 3: ***Only complete this section if B3 has been ticked***
I certify that the date the member named in Part A first became permanently incapable *[see note 4],* 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 and met the criteria in B3, based on evidence available at that time, was:

B5: (enter full date dd/mm/yy) ☐ → ***Go to section 4***

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 deferred pension benefits will be brought into payment.

For Pensions Office use only

Pensions Office stamp:

P72c form – Summary member details (To be completed by 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 if the member named in Part A is under age 55 at the date entered in B5. If the member named in Part A is over age 55 at the date entered in B5 please complete Part C***

In your opinion, is 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 B6 or B7]*

B6: Yes ☐ → ***Enter date at B8*** **B7: No** ☐ → ***Go to Part C***

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

B8: (enter full date dd/mm/yy) ☐

Please note: A date entered at B8 can be the same as, or later than, the date entered at B5 and is used to determine the date from which the pension should be increased under Pensions Increase legislation.

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 have given due regard to the guidance *[see note 2]* issued by the Secretary of State when completing this certificate.
- 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 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 and in formally using its discretion, the employer has made the formal award determination 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 B5]*:

(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:**

Notes for guidance: **P72c**, Medical Practitioner's certificate for a deferred beneficiary who ceased membership on or after 01/04/2008 and before 01/04/2014

Meaning of terms used

1. This medical certificate is provided in respect of a **deferred** member in accordance with Regulation 31 of the Local Government Pension Scheme (Benefits, Membership and Contributions) Regulations 2007 (as amended) and regulation 56 of the Local Government Pension Scheme (Administration) Regulations 2008 (as amended).

2. The latest versions of the statutory guidance are available at:

http://www.lgpsregs.org/index.php/dclg-publications/dclg-stat-guidance

3. 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.

4. ***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 normal retirement age [see note 7].

5. The IRMP 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.

6. ***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 conditions with that of the person's former employment which gave rise to the deferred benefits in the Local Government Pension Scheme.

7. ***Normal retirement age*** means age 65 [apart from in the case of a small number of protected members who have a normal retirement age of 60 e.g. employees who were transferred to local government from the Learning and Skills Council for England on 01/04/2010].

General

- If **B2** or **B4** have 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** and **B3** have 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.** It is then up to the former employer to formally use its discretion to award or not award the early payment of the deferred benefits on health grounds.
- The opinion given by the approved registered medical practitioner 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 the former employer exercises its discretion and 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.