

Certificate of continuing incapacity by a Norfolk Pension Fund approved independent registered medical practitioner qualified in occupational health medicine in accordance with the Local Government Pension Scheme Regulations

**The Employer should complete Part A electronically and forward to IRMP.
The IRMP completes Part B in ink and returns to Employer.
Employer should send this form, together with their review certificate (form R46) to the Norfolk Pension Fund.**

**NCC should send Forms via PenDocs.
All other Employers should post paper copies to:
Norfolk Pension Fund, County Hall, Martineau Lane, NORWICH, NR1 2DH**

Part A : to be completed by the employer

| | | | |
|---|----------------------|----------------------|----------------------|
| Name of Employer | <input type="text"/> | | |
| Member's Full Name | <input type="text"/> | | |
| NI Number | <input type="text"/> | Date of Birth | <input type="text"/> |
| Home Address <small>(include telephone number if known)</small> | <input type="text"/> | | |
| Postcode | | | |

| | | | |
|---|---|--------------------------------|--|
| Former Place of Work | <input type="text"/> | | |
| Nature of Employment | <input type="text"/> | | |
| | <i>(attach copy of job description)</i> | | |
| Date of Ill-Health Retirement | <input type="text"/> | (Date membership ended) | |
| Detailed ill-health guidance can be found in our Leavers & Retirements Guide (G040) | | | |

Declaration

I confirm I am authorised to complete this form on behalf of an Employer participating in the Norfolk Pension Fund. **Wet signature if paper copy otherwise input your email address in the 'Signed' box:**

Signed

Date

Contact Name

Telephone

Part B : LGPS membership ended after 31 March 2014

To be completed by an approved¹ independent registered medical practitioner, qualified in occupational health medicine.

Please tick the appropriate boxes

The member has previously been certified as

being permanently incapable² of discharging efficiently the duties of his or her employment with the employer because of ill health or infirmity of mind or body and that although not immediately capable of undertaking gainful employment³ it was nevertheless likely that he/she would be capable of undertaking gainful employment³ within three years of the retirement date or by his/her normal pension age⁴, if earlier.

The member was awarded a short-term, reviewable, Third Tier pension. It is now necessary to review, in accordance with regulation 37 of the Local Government Pension Scheme Regulations 2013, whether, and if so when, they will be likely to be capable of undertaking gainful employment³.

Please tick either B1 or B2

I certify that, in my opinion, having considered their ill health or infirmity, the member

B1 **IS STILL LIKELY** to be capable of undertaking gainful employment³ within three years of the date of leaving (or by their normal pension age⁴, if earlier)

OR

B2 **IS UNLIKELY** to be capable of undertaking gainful employment³ within three years of the date membership ended but is likely to be able to undertake gainful employment³ at some point thereafter and is permanently incapable² of discharging efficiently the duties of the employment they were undertaking at the date of leaving and which gave rise to the tier three ill health pension.

If B1 has been ticked, please tick B3 or B4

I certify that, in my opinion, the member

B3: IS CURRENTLY capable of undertaking gainful employment³

B4: IS NOT CURRENTLY capable of undertaking gainful employment³ but is likely to be able to do so by

(Enter a date up to a maximum of the day proceeding the third anniversary of the date of leaving)

Please read the footnotes and sign the declaration on the back page

IRMP's Statement and Signature

I certify:

- I have not previously advised on, given an opinion on or otherwise been involved in this case (other than to consider and sign the original ill-health retirement certificate if applicable).
- I am not acting, and have not at any time acted, as the representative of the member, the employer or any other party in relation to this case.
- I am qualified in occupational health medicine as defined below⁵.
- I have given due regard to any guidance issued by the Secretary of State for Communities and Local Government when completing this certificate.

IRMP's Signature⁶

IRMP's Name⁶
(print)

Date

IRMP's Official
Stamp

Please now return this form to the Employer

¹. The IRMP signing the certificate must have been approved for this purpose by the Norfolk Pension Fund .

². 'Permanently incapable' means the member will, more likely than not, be incapable until, at the earliest, their normal pension age see (4).

³. 'Gainful employment' means paid employment (whether in local government or elsewhere) for not less than 30 hours in each week for a period of not less than twelve months. This does not have to be employment comparable in terms of pay and conditions with those of the member's former employment.

⁴. 'Normal pension age' means the employee's individual State pension age at the time the benefit was brought into payment, but with a minimum age of 65. State pension age was equalised to age 65 in November 2018 and will continue to increase from December 2018 onwards. To determine an individual's State pension age, please go to www.pensionsadvisoryservice.org.uk/state-pensions/know-your-state-pension-age.

⁵. I hold a diploma in occupational health medicine (D Occ Med);

or an equivalent qualification issued by a competent authority in an EEA State (as defined in S55(1) 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.

⁶. The IRMP signing the certificate does not have to be a different IRMP to the one who originally certified the scheme member's permanent incapacity at the date of leaving.