

**Certificate of permanent incapacity by a Norfolk Pension Fund approved independent registered medical practitioner qualified in occupational health medicine in accordance with Regulation 35 of the Local Government Pension Scheme Regulations 2013**

**The employer should complete Part A electronically and forward to IRMP.  
The IRMP completes Part B in ink and returns to Employer.**

**If the member is to be retired on ill-health grounds, the employer should send this form, together with their decision form (R45) 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**

**Member's Full Name**

**NI Number**

**Date of Birth**

**Home Address**   
**Postcode**

**Place of Work**

**Nature of Employment**

*(attach copy of job description)*

**Has the member been working reduced contractual hours and had reduced pensionable pay as a result of his or her ill health or infirmity of mind or body?**  **YES / NO**  
*(If yes attach full details for the IRMP.)*

Detailed ill-health guidance can be found in your Employer's Administration Manual

**Employer's authorisation**

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**

## Norfolk Pension Fund : Ill-Health Retirement Certificate

**Part B : to be completed by an approved<sup>1</sup> independent registered medical practitioner qualified in occupational health medicine. Please tick the appropriate boxes**

**Please tick either box B1 or B2**

I certify that in my opinion, the member

**B1 : IS**

**B2 : IS NOT**

suffering from a condition that, more likely than not, renders them permanently incapable<sup>2</sup> of discharging efficiently the duties of their employment with the Employer because of ill health or infirmity of mind or body.

**If box B1 has been ticked, please also tick box B3 or B4**

I certify that, because of that ill health or infirmity, the member

**B3 : IS**

**B4 : IS NOT**

immediately capable of undertaking<sup>3</sup> gainful employment<sup>4</sup>.

**If B4 has been ticked, I further certify that in my opinion: (tick one of the boxes B5, B6 or B7)**

**B5** : as a result of their ill health or infirmity, the member **IS LIKELY** to be capable of undertaking<sup>3</sup> gainful employment<sup>4</sup> within the next three years (or before their normal pension age<sup>5</sup>, if earlier).

**OR**

**B6** : as a result of their ill-health or infirmity, the member **IS UNLIKELY** to be capable of undertaking<sup>3</sup> gainful employment<sup>4</sup> within the next three years, but he or she **IS LIKELY** to be capable of doing so at some time thereafter and before their normal pension age<sup>5</sup>.

**OR**

**B7** : as a result of their ill health or infirmity, the member is **UNLIKLEY** to be capable of undertaking<sup>3</sup> gainful employment<sup>4</sup> before their normal pension age<sup>5</sup>.

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

<sup>2</sup> 'Permanently incapable' means that the member will, more likely than not, be incapable of discharging efficiently the duties of their employment with the employer until, at the earliest, normal pension age<sup>5</sup>.

<sup>3</sup> The IRMP is providing an opinion on the person's capability of undertaking gainful employment based solely of the effect the medical condition has on the person's ability to undertake gainful employment.

<sup>4</sup> 'Gainful employment' means paid employment 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 that is comparable in terms of pay and conditions with those of the member's current employment.

<sup>5</sup> 'Normal Pension Age' means the member's individual State Pension Age at the time the employment is to be terminated, but with a minimum of age 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](http://www.pensionsadvisoryservice.org.uk/state-pensions/know-your-state-pension-age)

If box B6 or B7 has been ticked and the member's contractual hours have been reduced (as indicated by them in Part A), please tick box B8 or B9

I certify that in my opinion, the member

**B8 : IS**

**B9 : IS NOT**

in part-time service and working reduced contractual hours wholly or partly as a result of the condition which caused or contributed to the member's ill health retirement.

Severe ill health test statement as required by HMRC. If B5, B6 or B7 have been ticked please also tick either B10 or B11

I further certify that in my opinion, the member

**B10 : DOES**

**B11 : DOES NOT**

satisfy the following statement:

As a result of their ill health or infirmity, 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, otherwise than to an insignificant extent<sup>6</sup> before State Pension Age.

(Note: the answer to this question is used to determine whether or not the person could be subject to a tax charge in accordance with the annual allowance test under the 2004 Finance Act.)

<sup>6</sup> 'Insignificant extent' means, for example that the member could undertake voluntary or unpaid work where out of pocket expenses are reimbursed or small amounts of travelling or subsistence payments are made. Any paid work should be insignificant, for example, it should be infrequent or only for a few days during the year and the payment must be small in amount, not just as a proportion of the pay or salary they are earning in their current job.

## IRMP's Statement and Signature

I  do /  do not attach a copy of my full report / assessment and I certify:

- I have not previously advised on, given an opinion on or otherwise been involved in this case
- I am registered with the General Medical Council
- I am qualified in occupational health medicine as defined below<sup>7</sup>
- I have given due regard to any guidance<sup>8</sup> issued by the Secretary of State for Communities and Local Government when completing this certificate

IRMP's Signature

IRMP's Name (print)

Date

IRMP's Official Stamp

<sup>7</sup> 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.

<sup>8</sup> Guidance issued by the Secretary of State is available at [www.lgpsregs.org/index.php/dclg-publications/dclg-stat-guidance](http://www.lgpsregs.org/index.php/dclg-publications/dclg-stat-guidance)