

Local Government Pension Scheme



Ill health retirement declaration

This form must be completed and returned to the London Pensions Fund Authority when a pensionable employee is being retired by reason of ill health or infirmity of mind or body. The LPFA will accept the declaration from any independent registered medical practitioner who is qualified in occupational health medicine. The employee's own GP will not be acceptable.

For completion by the employer

Employer:	LPFA Employer Code:
Contact:	Telephone:
Your Address:	
	Post Code:
Surname:	Title: Mr/Mrs/Miss/Ms/other
Forenames:	National Insurance Number:

Medical Declaration

Employers' medical practitioners are advised to consult with the LPFA medical practitioner where possible to ensure consistency of treatment across the Fund.

For completion by the Medical Practitioner

Date of examination:		* Delete as appropriate
I declare that the above named, on the balance of probabilities, is permanently incapable of discharging efficiently the duties of their local government employment or any comparable job with their employer. Permanently incapable means incapable until at the earliest the member's 65th birthday		Yes / No *
If Yes, is the permanent incapacity by reason of ill health or infirmity of mind or body?		Yes / No *
If Yes, please state reason		
Does the above named have a life expectancy of less than one year?		Yes / No *
If Yes, is the individual aware of their life expectancy?		Yes / No *
In your opinion does the above condition result from an injury sustained or disease contracted in the course of their employment duties?		Yes / No *
I have consulted the LPFA medical practitioner		Yes / No / Not applicable *

I declare I have not previously advised, or given an opinion on, or otherwise been involved in the particular case for which this certificate has been requested (other than as part of the due process of considering this retirement), and I am not acting, and have not at any time acted, as the representative of the member, the Scheme employer or any other party in relation to this case.

I hold a diploma in occupational medicine (D Occ. Med.) or an equivalent qualification issued by a competent authority in an EEA State (which has meaning given by European Specialist Medical Qualifications Order 1995) or am an Associate, a Member or a Fellow of the Faculty of Occupational Medicine or an equivalent institution of an EEA State. If I have indicated that life expectancy is less than one year I confirm that I am a fully registered person within the meaning of the Medical Act 1983 (as amended).

Signed:	Date:
Name in block capitals:	

For completion by the employer

Signed for the Employer:	Date:
Name in block capitals:	Designation/grade:

Upon completion the employer should return this form, together with forms LG/101 and LG/102 to:
London Pensions Fund Authority, Dexter House, 2 Royal Mint Court, London, EC3N 4LP