Derbyshire Pension Fund

CONTROLLED ONCE COMPLETED

lgps

ADDITIONAL PENSION CONTRIBUTIONS MEDICAL CLEARANCE FORM

This form is for members of the Local Government Pension Scheme who wish to make an election to pay Additional Pension Contributions as a regular deduction from their pay. The member should complete section 1.

Section 1 – Your personal details

Surname		Title	
Forename(s)		Phone	
Address			
Date of birth	*dd/mm/yyyy*	National Insurance number	
Email		Employer	
Employee number		Post ref *(if applicable)*	

Additional contributions to be taken from	*dd/mm/yyyy*	until	*dd/mm/yyyy*

After completing section 1, please give the form to your doctor to complete section 2.

Section 2 – Practitioner's declaration

Notes for the medical practitioner:

The person named above is a member of the LGPS and they may elect to pay additional pension contributions to increase their pension benefits. The contributions are payable over a period chosen by the member. If the member retires from their employment on the grounds of ill-health, or dies before State Pension age, the full amount of additional pension will be credited, whether full payment has been completed or not.

LGPS regulations allow for Derbyshire Pension Fund to require a report by a registered medical practitioner of the result of a medical examination of the member, at the member's own expense. Derbyshire Pension Fund may refuse a member's application to enter into a contract to purchase additional pension, if they are not satisfied that the member is in reasonably good health.

A full report is not required, but rather a short medical opinion as set out below. The declaration should be completed by the scheme member's GP and any resulting fees will be borne by the member and not by either the member's employer or Derbyshire Pension Fund.

I confirm that the person named in section 1 is a patient at this practice and based upon the medical evidence available to me is, in my opinion, in good health and is not suffering from, or currently undergoing tests or awaiting results for, any medical condition which would prevent them from continuing in their employment for the foreseeable future.

Signature		Date	*dd/mm/yyyy*
Name		GMC no.	

General practitioner's stamp/address

Once completed, please email this form to ***pensionforms@derbyshire.gov.uk***
or send by post to: ***Derbyshire Pension Fund, County Hall, Matlock DE4 3AH***

If sending by email, you are responsible for the security of the personal data supplied on this form.