

Local Government Pension Scheme
Declaration of Health

APCMED

Medical Certificate for the purposes of purchasing additional pension from the Local Government Pension Scheme, in accordance with Regulation 16 of the Local Government Pension Scheme Regulations 2013.

Section 1 Personal Details

Full Name: _____ Title: _____

Address: _____

Post Code: _____

National Insurance No: _____ Date of Birth: _____

Employer Name: _____ Job Title: _____

Working Hours per Week: _____

Section 2 To be signed by the Member

- I request that the following certificate be signed by a registered medical practitioner for the purposes of the above-named Regulations.
- I request that any fee that is payable in respect of completion of the 'Declaration of Health' form should be charged to myself.

Signed: _____ Date: _____

Section 3 To be completed by a registered medical practitioner

I certify that I have this day examined the above named, and I am not aware that the above named has been diagnosed or is currently being treated for an illness that could potentially lead to a retirement on the grounds of ill health.

Signed: _____ Date: _____

Address: _____

Post Code: _____

Registered Medical Practitioner's Practice Stamp:

This form should be returned by the Member to:

LGSS Pensions Service
PO Box 202
John Dryden House
8-10 The Lakes
Northampton
NN4 7YD

The information which collected on this form will be held and processed in line with the Data Protection Act. The information will be shared between Cambridgeshire and Northamptonshire County Councils for the purposes of pension administration.

This information can be made available in other languages and formats upon request such as Braille, large print and audio cassette. Please phone (01604) 366537 for further information.

To:

From:

Dear

**Local Government Pension Scheme (LGPS)
Purchasing Additional Pension**

I am applying to purchase additional pension in the LGPS, administered by LGSS Pensions Service and am required to obtain a declaration of health by a registered medical practitioner at my own expense.

If after a medical examination, you can confirm that I have not been diagnosed or currently being treated for illness that could potentially lead to retirement on the grounds of ill health, please can you complete Section 3 of the attached 'Declaration of Health' form and return it to me at my home address that I have given above.

If you have any queries regarding this letter or any related matter, please do not hesitate to contact me.

Yours sincerely