



## MEDICAL CERTIFICATE FOR THE PURCHASE OF ADDITIONAL PENSION

| PERSONAL DETAILS      |  |                               |  |
|-----------------------|--|-------------------------------|--|
| <b>Name:</b>          |  |                               |  |
| <b>Address:</b>       |  |                               |  |
| <b>Date of Birth:</b> |  | <b>National Insurance no:</b> |  |

The above named scheme member has requested to purchase additional benefits in the Local Government Pension Scheme and as such the Regulations require a medical certificate to be completed by the member's doctor. I would be grateful therefore if you will sign this form if you agree with the statement below. Please note no liability is conveyed to the doctor signing this statement if the member's health deteriorates in the future.

| MEDICAL DECLARATION  |  |              |  |
|--|--|--------------|--|
| <p>I understand that the above named has asked to purchase certain benefits under the Pension Scheme Regulations and that payments will be spread over a period of time, but if the scheme member retires through ill health or dies before completing all payments due, the outstanding payments are not recoverable.</p> <p>I can confirm, therefore, that as far as I know at this present time I have no reason to believe that the above named will have to retire on health grounds before age 65.</p> |  |              |  |
| <b>Doctor's signature:</b>   |  | <b>Date:</b> |  |
| <b>Doctor's name &amp; address:</b>  |  |              |  |

| OFFICIAL STAMP OF SURGERY/HEALTH CENTRE |
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|   |

**Please note: Any charges incurred for completing this medical certificate are to be borne by the scheme member themselves.**

**Please return this completed form to the scheme member**