# Medical Declaration Form for the purchase of additional pension



Please complete this form in **BLOCK CAPITALS** using **BLACK INK** 

Please note - Any cost incurred as a result of obtaining a medical report should be met by the individual

SECTION 1	To be completed by the s	cheme m	ember			
Forename(s)			Surname			
National Insurar	nce Number		Date of Birth			
Employer			Payroll Ref			
Home Address						
g . 001 0040						
		_				
SECTION 2	Declaration by scheme m	nember				
purchase of add	my knowledge my current state of hitional pension. ot aware of any medical issues not y			om completing I	ny contra	act for the
Member's Signature				Date		
9						
SECTION 3	Medical declaration (to be	completed	d by registered r	medical practi	tioner)	
Please see over	er and may not be charged or recorder for notes on the completion of the above named person has asked am a certified registered medical parts.	this form.  d to purchas	se additional bene	fits under the P		cheme Regulations. ete as appropriate).
Doctor's						
Signature				Date		
Doctor's Full Name						
Address of Practice						
				Post	Code	
Telephone No of Practice						
Official Stamp of Surgery/ Health Centre						

# **SECTION 4**

# Notes for the medical practitioner

The person named overleaf is a member of the South Yorkshire Pension Fund who has elected to purchase improved benefits by additional contributions. Therefore it is necessary to establish that they are in reasonably good health at the outset. To this end, please complete the appropriate certification.

**Additional Pension Contributions (APCs)** - are means by which a scheme member may increase his/her pension benefits by the purchase of a determined amount of annual pension. The purchase may be made by lump sum or by regular contributions through the deduction from the payroll over a set period of time.

**Medical Certification** - it is the member's responsibility to obtain certification from a registered medical practitioner which may be the member's own doctor.

Reasons for there being a requirement for a medical certification - an APC contract is deemed to be 'paid for' if the scheme member has to retire through health reasons. The medical certification is used to assess a basic level of risk to the Pension Fund and to give the Administering Authority of the Pension Fund justification for refusal of an APC if the member is not in reasonably good health.

**Reasonably good health** - in the Registered Medical Practitioner's opinion the scheme member is in reasonably good health and there is no indication that premature retirement through permanent ill-health is likely for the foreseeable future.

**Fees** - any fees incurred in the completion of this form must be borne by the scheme member. No fees may be charged or recharged to the Pension Fund.

# SECTION 5

# **Further instructions**

Please return this completed form to;

South Yorkshire Pensions Authority, Oakwell House, 2 Beevor Court, Pontefract Road, Barnsley. S71 1HG

We will use your personal data to administer the Fund and to pay benefits from it. We will also use this personal data for statistical and financial modelling and reference purposes, and to comply with our legal obligations.

From time to time we will share your personal data with third parties, including our contractors, advisors, government bodies and dispute resolution and law enforcement agencies and insurers in order to comply with our obligations under law, and in connection with the provision of services that help us carry out our duties, rights and discretions in relation to the Fund. In some cases these recipients may be outside the UK. If this occurs, we will make sure that appropriate safeguards are in place to protect your data in accordance with applicable laws. View our full Privacy Notice at www.sypensions.org.uk/privacynotice which details the type of data we hold about you, how we use it, your rights in relation to it and the safeguards that are in place to protect it.