

Medical Declaration Form

for the purchase of Additional Pension



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

SECTION 1 To be completed by the Scheme Member

National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Title	<input type="text"/>
Surname	<input type="text"/>			Forename(s)	<input type="text"/>						
Address	<input type="text"/>										
	<input type="text"/>								Post Code	<input type="text"/>	
Employer	<input type="text"/>							Payroll Ref	<input type="text"/>		

SECTION 2 Declaration by Scheme Member

I confirm that to my knowledge my current state of health will not prevent me from completing my contract for the purchase of additional pension.

I declare I am not aware of any medical issues not yet disclosed to my doctor.

Member's Signature	<input type="text"/>	Date	<input type="text"/>
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SECTION 3 Medical Declaration (to be completed by Registered Medical Practitioner)

Please note that any charges associated with the completion of this medical certificate are to be borne by the scheme member and may not be charged or recharged to the Pension Fund.

Please see overleaf for notes on the completion of this form.

I understand that the above named person has asked to purchase additional benefits under the Pension Scheme Regulations.

I confirm that I am a certified registered medical practitioner and confirm that, in my opinion
..... **IS IS NOT** in reasonably good health (*delete as appropriate*).

Doctor's Signature	<input type="text"/>	Date	<input type="text"/>
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Doctor's Full Name	<input type="text"/>
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Address of Practice	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>

Telephone No of Practice	<input type="text"/>
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Official Stamp of Surgery/ Health Centre	<input type="text"/>
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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.

Please send this completed form without delay to:

South Yorkshire Pensions Authority, 18 Regent Street, Barnsley. S70 2HG

DATA PROTECTION

The information you provide on this form will be processed on a database, strictly for the purposes of pensions administration in accordance with relevant legislation.
Authorised and regulated by the Financial Conduct Authority