



Looking forward to your retirement

Medical Form

For purchasing additional pension benefits in the Local Government Pension Scheme

The scheme member named below has requested to purchase additional benefits in the Local Government Pension Scheme (LGPS) and as such the Regulations require a medical certificate to be completed by the member's doctor. We would be grateful if you would 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.

Scheme Member's Details	
Scheme member's name	Date of Birth

Medical Declaration	
<p>I understand that the above named person has asked to purchase certain benefits under the Pension Scheme Regulations and the payments may be spread over a period of time, but if the scheme member retires through permanent ill-health any outstanding payments are not recoverable and the additional benefits being purchased are payable in full. 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 state pension age.</p>	
Signed (Doctor's signature)	Date
Doctor's Name (printed)	
Address	

Official Stamp of Surgery / Health Centre

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.

