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| **Local Government Pension Scheme (LGPS)**  **Paying Additional Pension Contributions (APCs)**  **LG41 APC Application Form** | G:\CS Pens Team\COMMUNICATIONS TEAM\PROOFS\Best logos\LGPS Logo_Orange.jpg |
| **Royal Borough of Kensington and Chelsea Pension Fund** | |
| 2022 v1 | |

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| **SECTION A – PERSONAL DETAILS AND DECLARATION**  TO BE COMPLETED BY MEMBER WISHING TO PURCHASE APCs | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Title | |  | Full name | | | | | | | |  | Date of birth | | | | |
|  | |  |  | | | | | | | |  |  | | | | |
| Your home address | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Phone number | | | |  | National Insurance number | | | | | | | | | | | |
|  | | | |  |  | | | | | | | | | | | |
| Email address | | | |  | Employer | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Declaration by Scheme Member**  I confirm that as far as I am aware my current state of health will not prevent me from completing my contract for the purchase of Additional Pension in the LGPS.  I declare I am not aware of any medical issues not yet disclosed to my doctor. | | | | | | | | | | | | | | | | |
|  | **Signed** | | | | | | | |  | **Date** | | | | | |  |
|  | | | | | | | | | | | | | | | | |
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| **SECTION B – MEDICAL DECLARATION**  TO BE COMPLETED BY REGISTERED MEDICAL PRACTITIONER | | | | | | | | | | | | | | | | |
| Please see page 3 for notes on the completion of this form. | | | | | | | | | | | | | | | | |
| I understand that the above named has asked to purchase additional benefits under the Pension Scheme Regulations.  I confirm that I am a certified registered medical practitioner and that in my opinion the above-named  **IS \* IS NOT \*** in *‘reasonably good health’*. *Please see page 3 for an explanation of this term*.  \* *Delete as appropriate* | | | | | | | | | | | | | | | | |
| Doctor’s signature | | | | | | | |  | Date | | | | | | | |
|  | | | | | | | |  |  | | | | | | | |
| Doctor’s full name | | | | | | | |  | Official stamp of practice | | | | | | | |
| Address of practice | | | | | | | |  |
| Telephone number of practice | | | | | | | |  |
| **SECTION C – APPROVAL BY ADMINISTERING AUTHORITY** | | | | | | | | | | | | | | | | |
|  | | | | | |  |  | | | | | | | | | |
| **Member’s name** | | | | | |  | **NI Number** | | | | | | | | | |
| I confirm that the administering authority approves the purchase of additional pension by the member named above. | | | | | | | | | | | | | | | | |
| **Signed** | | | | | |  | **Date** | | | | | | | | | |
|  | | | | | |  |  | | | | | | | | | |
| **Full name & email address** | | | | | | | | | | | | | | | | |
| Has the member elected to make a lump sum payment direct to the pension fund? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | **YES** |  | **NO** |  |  |
| **If the member has elected to make a lump sum payment direct to the pension fund, please return this form to RBKC Pensions Team.**  **If the additional contributions are to be deducted directly from the member’s salary, please complete the section below.** | | | | | | | | | | | | | | | | |
| **Instruction to the employer** – please deduct additional contributions as set out in the attached  Buying Extra Pension - Application for Additional Pension Contribution (APC) form. | | | | | | | | | | | | | | | | |
| Contributions are due to commence from (date): | | | | | | |  | | | | | | | | | |
|  | | | | | |  |  | | | | | | | | | |
| **SECTION D – CONFIRMATION OF ADDITIONAL CONTRIBUTIONS**  TO BE COMPLETED BY THE EMPLOYER (OR PAYROLL PROVIDER) | | | | | | | | | | | | | | | | |
| **Please read the Guidance notes on page 4 before completing this section.**  I confirm that I have arranged for the deduction of additional pension contributions from the member named above.  Please complete Part 1 or 2 below: | | | | | | | | | | | | | | | | |
| **PART 1: If the member has elected to pay by way of a one-off deduction from their salary:** | | | | | | | | | | | | | | | | |
| I have arranged for an additional contribution of | | | | | | **£** | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | |
| To be deducted in | | | | | | Month/year | | | | | | | | | | |
| **PART 2: If the member has elected to pay regular contributions:** | | | | | | | | | | | | | | | | |
| I have arranged to collect additional contributions of | | | | | | **£** | | | | | | | | per month | | |
|  | | | | | |  | | | | | | | | | | |
| Starting from | | | | | | Month/year | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | |
| Ending | | | | | | Month/year | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | |
| Signed | | | | |  | Date | | | | | | | | | | |
|  | | | | |  |  | | | | | | | | | | |
| Full name | | | | |  | Email address | | | | | | | | | | |

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| **Paying Additional Pension Contributions (APCs)**  **LG41 APC Application Form**  **Guidance notes for completion & additional information** |
| **Additional Pension Contributions (APCs)** – are a means by which members of the Local Government Pension Scheme (LGPS) may increase their pension benefits by the purchase of a fixed amount of yearly pension. The purchase may be made by lump sum or by regular contributions through deductions from the payroll over a set period. |
| **SECTION A –** You (the scheme member) should complete Section A and arrange for a registered medical practitioner to complete **SECTION B.**  Please note that any charges associated with the completion of this medical declaration are to be borne by the scheme member and **may not** be charged or recharged to the Pension Fund. |
| **SECTION B –** The registered medical practitioner should complete this section.  **Medical declaration** – 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 declaration** – an APC contract is deemed to be ‘paid for’ if the scheme member has to retire for health reasons or dies in service. The medical declaration 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*** – the LGPS regulations do not define this term. In this context it should be taken to mean that there is no known underlying medical condition that would prevent the member from continuing in employment until State Pension Age.  **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.  Following completion of Section B, the certified form should be returned to the scheme member. |
| **Obtaining the calculation quote for your APCs**  Once you (the scheme member) have received the certified form from your registered medical practitioner, you should use the calculator on the LGPS scheme members’ website to continue your application to purchase APCs in the LGPS.  The online calculator can be found by visiting this link: <https://www.lgpsmember.org/help-and-support/tools-and-calculators/buy-extra-pension-calculator/> and then follow the steps to complete your calculation, ensuring you click the “Apply for extra pension” button as the final step to produce the quote.  At the end of the calculation process you will be asked to “Sign and Download” the quote as a PDF version. Once you have done this, attach this fully completed ***LG41 APC Application Form*** to the ***Buying Extra Pension - Application for Additional Pension Contribution (APC)*** form from the website, and send both of them to:  **RBKC Pensions Team, 3rd Floor Green Zone, The Town Hall, Hornton Street, London, W8 7NX**  Alternatively, please email scanned copies of the forms to: [**pensions@rbkc.gov.uk**](mailto:pensions@rbkc.gov.uk)  Please note: You should keep copies of the completed LG41 form and online application for your records. |

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| **Paying Additional Pension Contributions (APCs)**  **LG41 APC Application Form**  **Guidance notes for completion & additional information continued** |
| **INFORMATION FOR THE EMPLOYER**  This form has been sent to you by the RBKC Administering Authority because one of your employees has elected to purchase Additional Pension to increase their LGPS benefits. Please note that:   * You **should not** have received this form if the employee wishes to pay Additional Contributions to buy back pension ‘lost’ in a period of unpaid leave. * You should only take action in response to receiving this form if **SECTION C** has been completed by a representative of the Administering Authority. If Section C has not been completed, please send the form to the administering authority for approval at the address or email address shown at the bottom of the previous page. * You should have received an application to pay Additional Pension. The application sets out either: * the one-off deduction that should be arranged from the employee’s pay * or the regular monthly deduction and the ‘Years of agreement’ - number of years that the additional contributions should be deducted for * If the member has elected to make a single payment via the payroll, then you should arrange for this to be deducted in the next available pay period. * If the member has elected to pay regular contributions via the payroll, these should commence from the date shown in **SECTION C**. The cost of buying Additional Pension is related to the employee’s age. If you receive this form too late to arrange deductions from the first month indicated in **SECTION C**, then you should arrange for arrears of additional contributions to be collected as soon as possible. * If the employee has elected buy Additional Pension by paying regular contributions via the payroll, then these should continue to be deducted for the agreed period unless: * The employee elects to stop paying the Additional Contributions * The employee joins the 50/50 section of the LGPS * The employee opts out of the LGPS * The employee stops being eligible for LGPS membership (they commence a teaching role, for example) * Please complete **SECTION D** to confirm that you have arranged for the Additional Pension Contributions to be collected and return this LG41 form and the APC application form to RBKC Pensions Team by post or email as indicated below.  |  |  | | --- | --- | | **Contact details for RBKC Pensions Team** | | | Email completed forms to | **pensions@rbkc.gov.uk** | | Write to: | RBKC Pensions Team, 3rd Floor, Green Zone,  The Town Hall, Hornton Street, London, W8 7NX | | Phone | 020 7361 2323 (9am to 5pm weekdays) | |