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| **Local Government Pension Scheme (LGPS)**  **Paying Additional Pension Contributions (APCs)**  **APC Medical Declaration Form** | LGPS logo |
| **Royal Borough of Kensington and Chelsea Pension Fund** | |
| 2022 v1 | |

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| **SECTION A – PERSONAL DETAILS**  TO BE COMPLETED BY MEMBER WISHING TO PURCHASE APCs | | | | | | | | |
|  | | | | | | | | |
| Title |  | Full name | | | | |  | Date of birth |
|  |  |  | | | | |  |  |
| Home address | | | | | | | | |
|  | | | | | | | | |
| National Insurance number | | |  | Employer | | | | |
|  | | | | | | | | |
| **SECTION B – MEDICAL DECLARATION**  TO BE COMPLETED BY REGISTERED MEDICAL PRACTITIONER | | | | | | | | |
| Please see overleaf 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 overleaf 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 | | | | |  |
|  | | | | | | | | |

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| **Paying Additional Pension Contributions (APCs)**  **APC Medical Declaration 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 for your APCs**  You should use the calculator on the LGPS scheme members’ website in 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 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 ***APC Medical Declaration 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, 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 forms for your records. |