

# Medical declarations for the purchase of extra LGPS pension through additional pension contributions (APCs) April 2023

Please complete Section 1, ask your doctor to complete Section 2, and return the completed form to Worcestershire Pension Fund, County Hall, Spetchley Road, Worcester, WR5 2NP or to [pensions@worcestershire.gov.uk](mailto:pensions@worcestershire.gov.uk)

## Section 1 – Personal Details

Title:	
Full Name:	
Date of Birth:	
National Insurance Number:	
How long you will be paying APCs over (in years):	

**Declaration:** I confirm that, to the best of my knowledge, my current state of health will not prevent me from paying APCs for the period shown above.

Member's Signature:	
Date:	

## Section 2 – Medical Opinion

To the best of my knowledge, the person named in section 1 above **is / is not** (please delete as applicable) currently in 'reasonably good health' \*, and **is / is not** (please delete as applicable) currently suffering from any medical condition which I would expect to change that situation before the end of the period s/he will be paying APCs over.

Signed:	
Full name:	
Practice Contact Details:	
Date:	

\* 'Reasonably good health' – as there is no definition in the LGPS regulations as to what is 'reasonably good health' please give your opinion by using sensible, medical professional standards.