



**ELECTION TO PAY ADDITIONAL PENSION CONTRIBUTIONS  
Medical Clearance**

*If you have made an election to pay Additional Pension Contributions as a monthly deduction from your pay for 2 years or more, please complete Section 1, then ask your doctor to complete Section 2 of the form, and then return it to Pension Services at:*

**Pension Services Section, Staffordshire County Council,  
Wedgwood Building, Tipping Street, Stafford ST16 2DH**

**SECTION 1 – Personal Details**

Surname .....  
Forename(s) .....  
National Insurance Number ..... Date of Birth .....  
Employing Body .....  
Nature of Employment .....  
Address for correspondence .....  
.....  
Dates Additional Pension Contributions to be taken ..... to .....

**SECTION 2 – Medical Clearance**

*This part of the Form is to be completed by the Scheme member's General Practitioner.*

**Notes for General Practitioner**

The person named above is a member of the Local Government Pension Scheme as administered by Staffordshire County Council. As a Scheme member, he/she may elect to pay Additional Pension Contributions in order to "purchase" an additional amount of pension. The contributions are payable over a period chosen by the member. If he/she retires on ill-health grounds or dies before Normal Pension Age (State Pension Age or age 65 if later), the full amount of additional pension will be credited, whether or not payment has been completed and without any actuarial reduction for early payment.

To protect the Pension Fund, Local Government Pension Scheme Regulations allow the County Council to require the Scheme member to produce a report by a registered medical practitioner of the result of a medical examination, undertaken at the member's own expense. Staffordshire County Council may refuse an application if they are not satisfied that the member is in reasonably good health.

The County Council does not require a full report from the registered medical practitioner, but rather a short medical opinion as set out overleaf.

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## MEDICAL OPINION

To the best of my knowledge

.....  
*(name of patient)*

is in reasonably good health and is not suffering from any medical condition which would prevent him/her from continuing in his/her employment the date given overleaf as the end of the Additional Pension Contribution contract.

Signed ..... Date .....

General Practitioner's stamp: