|  |  |  |
| --- | --- | --- |
|  |  |  |

Medical Certificate

Before accepting a request to pay additional pension contributions for a period of greater than one year, this fund requires confirmation of reasonable good health by a Registered Medical Practitioner.

|  |  |
| --- | --- |
| Full Name: |       |
| Date of birth: |       |

In my opinion, the above named is in reasonable good health, for the purposes of entering into a contract to pay additional monthly contributions for the purchase of additional pension within the Local Government Pension Scheme for the next       years.

Signed: Date:

|  |  |
| --- | --- |
| Print full name and title: |  |
| Professional Qualifications: |  |
| Practice Address: |  |
|  |
|  |
|  |

Please return to:

Pension Services

4640 Kingsgate

Cascade Way

Oxford Business Park South

Oxford

OX4 2SU