

ELECTION TO PURCHASE ADDITIONAL PENSION AND DECLARATION OF HEALTH FORM



Local Government Pension Scheme

Kent Pension Fund

Before you complete this form you should have used the APC calculator at www.kentpensionfund.co.uk and decided your payment preference. You should complete the election to purchase additional pension part of this form (pages 1 and 2), print and sign. You should give the Declaration of health part of this form (page 3) to your General Practitioner to complete, then return to you.

You should return the completed form (pages 1, 2 and 3) to the address at the end of the form.

ELECTION TO PURCHASE ADDITIONAL PENSION

Full name	
National Insurance number	Pension reference number
Home address	
If you have more than one job, please enter the payroll reference number of the job in which you wish the additional pension to be attached to.	
I wish to purchase additional pension of	£

Please enter the amount of pension you wish to purchase.

You can make payment monthly over a period of years or in one lump sum. If you pay monthly, deductions are taken direct from your salary, giving you immediate tax relief. You must ensure the amount you choose is covered by your pay.

Increasing your pension may result in a tax charge, particularly if you pay by lump sum. Before completing this form, you should read about 'triggering an annual allowance tax charge' at www.kentpensionfund.co.uk to find out how this may affect you.

You are not permitted to pay APCs if you are in the 50/50 section of the scheme. This is the section in which you pay half your pension contributions and build up half your pension. If you are in the 50/50 section, we will contact you to discuss moving back to the main section.

Please complete section **A** OR **B**.

A. I wish to pay the monthly amount of	£
Please enter the monthly amount you wish to pay for the amount of pension you wish to purchase.	
Over the period of	years
Please enter the number of years over which you wish to make monthly payments.	

OR

B. I wish to pay one lump sum of	£
Please enter the total amount you wish to pay for the amount of pension you wish to purchase.	

Please tick one payment option

- ☐ Please provide bank details in order that I can make a direct payment to the Pension Fund
- ☐ I wish the lump sum to be deducted direct from my salary in one payment

Please tick to confirm which section of the scheme you are in:

Main section ☐

50/50 section ☐

I confirm that I am not/have not made an election to purchase additional pension with any other local authority.	<input type="checkbox"/>
I understand that additional pension purchased is for myself only and does not provide for additional survivor's pension and, if I die in service, no additional lump sum death grant is due.	<input type="checkbox"/>
I attach the completed Declaration of health form	<input type="checkbox"/>

Contact email address	
Date	
Signature	

Return this form

You can scan the document then [use the online enquiry and document upload form](#). You can post it to Kent County Council, Pension Section, Sessions House, County Hall, Maidstone, Kent ME14 1XQ.

Privacy notice

In order to administer the pension scheme, we collect, hold, process and share personal data. For further information read our privacy notice on the Kent Pension Fund website – www.kentpensionfund.co.uk/privacynotice

DECLARATION OF HEALTH

Local Government Pension Scheme



Kent Pension Fund

To General Medical Practitioner

The bearer of this certificate is a contributor to the Local Government Pension Scheme who wishes to increase their retirement benefits in the Local Government Pension Scheme. Kent County Council has resolved that granting this request should be dependent on the submission, by the applicant, of a certificate of good health.

Full name	
National Insurance number	
Date of birth	

I am not aware that the above named has been diagnosed or is currently being treated for an illness that could potentially lead to a retirement on the grounds of ill health.

Signed	
Print name	
Date	
Practice stamp	

Thank you for your opinion which I can confirm will be treated confidentially and without liability for the medical practice.

Please return this form to the applicant.