

<p>Powys County Council Pension Fund</p> <p>Local Government Pension Scheme</p> <p><i>Declaration of Health for Additional Pension Purchase Contract of 12 months or longer</i></p>
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To General Practitioner

The bearer of this certificate is a contributor in the Local Government Pensions Scheme who wishes to increase their retirement benefits in the Local Government Pension Scheme. Powys 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:	
<p>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.</p>	
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.