

# Avon Pension Fund

## Local Government Pension Scheme

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### Certificate of reasonable good health – Purchase of extra pension

LGPS 11

MEMBER NAME: .....

N.I. NUMBER: .....

DATE OF BIRTH: .....

EMPLOYER: .....

#### To: General Medical Practitioner

The bearer of this pro-forma medical certificate is a member of the Local Government Pension Scheme and has applied to enter into a contract to purchase additional pension benefits

Bath and North East Somerset Council as the authority for administering the Avon Pension Fund has resolved that acceptance requires the submission by the applicant of a certificate of reasonable good health.

Please tick one of the following boxes:

I have examined / examined the notes of the above named and am of the opinion that he/she is in reasonable good health, taking his/her age into consideration.

I have examined / examined the notes of the above named and am of the opinion that I am unable to state that he/she is in reasonable good health, taking his/her age into consideration.

SIGNED: ..... DATE: .....

NAME: .....

GMC REGISTRATION NUMBER: .....

Please imprint your practice stamp here:

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