

# Avon Pension Fund

## Local Government Pension Scheme

**Post:** Avon Pension Fund, Bath & North East Somerset Council,  
Lewis House, Manvers Street, Bath, BA1 1JG

**Web:** [www.avonpensionfund.org.uk](http://www.avonpensionfund.org.uk)

**Tel:** 01225 395100

**Email:** [avonpensionfund@bathnes.gov.uk](mailto:avonpensionfund@bathnes.gov.uk)

**Fax:** 01225 395258



### Dependent who, because of physical or mental impairment, is unable to engage in gainful employment – declaration

**LGPS 22B**

#### PART 1 – Details of the Dependent

SURNAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

FORENAME(S): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ NI NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I confirm that I am between the ages of 18 and 23 and because of physical or mental impairment I am unable to engage in gainful employment and hereby apply for payment of a Dependent's Pension. (Go to Part 2)

OR

I confirm that I am over the age of 23 and because of physical or mental impairment I am unable to engage in gainful employment and hereby apply for payment of a Dependent's Pension. (Go to Part 3)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

IF YOU ARE SIGNING ON BEHALF OF THE DEPENDANT THEN PLEASE ALSO COMPLETE THE FOLLOWING:-

NAME: \_\_\_\_\_ RELATIONSHIP TO DEPENDENT: \_\_\_\_\_

#### What should I do with this form now?

- Arrange for the completion of either Part 2 or Part 3 on the other side of this form.
- You must send the completed form to Avon Pension Fund, Bath & North East Somerset Council, Lewis House, Manvers Street, Bath, BA1 1JG

**Data Protection:** Avon Pension Fund is a Data Controller under the General Data Protection Regulations. We store, hold and manage your personal data in line with statutory requirements to provide you with pension administration services. For more information about how we hold your data, who we share it with and what rights you have to request information from the Fund, visit [www.avonpensionfund.org.uk/privacy-notice](http://www.avonpensionfund.org.uk/privacy-notice)

LGPS22B-20180521

**PART 2 - To be completed by your General Practitioner**

I certify that, in my opinion, because of physical or mental impairment, the person named in part 1 of this form

**IS LIKELY**

**IS NOT LIKELY**

to be **incapable** of engaging in 'gainful employment\*' before the age of 23.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of general practitioner

\_\_\_\_\_  
Printed name of general practitioner

Surgery address stamp:

**PART 3 - To be completed by an Independent Registered Medical Practitioner**

I certify that, in my opinion, because of physical or mental impairment, the person named in part 1 of this form

**IS LIKELY**

**IS NOT LIKELY**

to be **permanently incapable** of engaging in 'gainful employment\*'.  
  
I hereby confirm that I am registered with the General Medical Council

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of independent registered medical practitioner

\_\_\_\_\_  
Printed name of independent registered medical practitioner

Registered medical practitioner's / company's official stamp (*Optional*)

\*'Gainful employment' means paid employment for not less than 30 hours in each week for a period of not less than 12 months.