

Election to pay Additional Pension Contributions to Boost Pension

Please complete this form in block capitals and in black ink. Please email this completed form to: admin1post.incomingemails@nilgosc.org.uk

If you would like to pay Additional Pension Contributions (APCs) to boost your pension, please obtain a quotation for the cost by using the APC calculator on our website at www.nilgosc.org.uk. You should then complete this form and return it, along with a copy of your quotation and the medical fee*, to: Pensions Administration, NILGOSC, 411 Holywood Road, Belfast, BT4 2LP.

***If you are buying extra pension to make up for the pension lost while on furlough, you do not need to complete a Good health Medical and therefore no fee is payable.**

PART 1 - Personal Details

Surname:

First Name:

Home Address:

Postcode:

Pension Reference Number(s):

National Insurance Number:

Date of Birth:

Telephone Number:

Employer:

Email Address:

PART 2 - Details of Election

Additional pension I would like to buy: £ per year

I would like to pay by monthly instalments: £ per month/week
(Please delete as appropriate).

I would like to pay over a period of: year(s)

OR

I would like to pay by a lump sum payment:

The additional lump sum payment is: £ lump sum

I would like for the lump sum to be deducted from my next salary payment (this will only be possible if your salary is large enough to cover the full cost of the APC)

I would like to be invoiced for the full amount

Signature:

Date:

PART 3 - Medical Declaration

If you are buying extra pension to make up for the pension lost while on furlough, you do not need to complete a Good health Medical and you can leave this section blank.

In order to progress your application, you must attend an appointment with one of the Committee's medical advisers. A medical examination cannot be arranged until the statement below has been signed.

I hereby give my consent to the Committee and its medical advisers viewing any medical records or reports which are relevant to my application to purchase APCs and to such information being used or kept in compliance with the Data Protection Act 2018.

My preferred location for my medical examination with the Committee's Doctor is:

Belfast Dungannon Hollywood Ballykelly

Signature for Medical Declaration:

Date:

Checklist

Please ensure that you have enclosed: (please tick)

- This completed form
- You have signed part 2 of this form
- Your quotation obtained using the APC calculator on our website www.nilgosc.org.uk
- Your medical consent i.e. ensure that you have signed part 3 of this form (if applicable)
- The fee for the medical (if applicable), cheque payee NILGOSC