

Election to purchase Additional Pension (AP1)

Please read the Increasing Your Benefits Factsheet available from the website at:
www.nhsbsa.nhs.uk/pensions before completing this form

Part A - To be completed by the member

Section 1 – About you

NHS Pension Scheme Number	<input type="text" value="SD"/>
Date of Birth	<input type="text"/>
Surname	<input type="text"/>
First Names	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>

Section 2 – About your Additional Pension

Amount to be purchased	<input type="text" value="£"/>
To be payable from	<input type="checkbox"/> Age 60 <input type="checkbox"/> Age 65
Type of cover	<input type="checkbox"/> Personal <input type="checkbox"/> Personal and dependants
Purchase arrangement	<input type="checkbox"/> Instalments <input type="checkbox"/> Lump sum
Payment period	<input type="text"/> years

Date of application	<input type="text"/>
Total amount payable	<input type="text" value="£"/>
Monthly payment	<input type="text" value="£"/>

You must give this application form to your employer within six weeks of the date of application. Failure to do so may increase the cost of your additional pension and could reduce the period available for payment of instalments

Section 3 – Declaration

I confirm that I have read the Increasing Your Benefits factsheet, which explains the basic rules for the purchase of an additional pension.

I confirm that I am not absent from work and that I know of no reason that my health would prevent me from continuing in pensionable employment until the payment period is complete.

Signature Date

Part B - To be completed by the employer

An election to purchase an additional pension cannot be made without verification of the member's date of birth.

Members date of birth Verified Not verified

If the member has elected to buy an additional pension in instalments, please specify the employment from which the instalments will be collected.

Employment ID

Declaration

I confirm that the member is in pensionable employment and not absent from work.

I agree to collect the payments shown overleaf and pay them to NHS Pensions promptly, in accordance with the scheme regulations.

Signature Date

Name of officer
Telephone number
Employing authority / GP practice code
Employing authority / GP practice name
Employing authority / GP practice stamp