

# Election to pay Additional Pension Contributions to Boost Pension

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Please email this completed form to: [admin1post.incomingemails@nilgosc.org.uk](mailto: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](http://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.*

## Section 1 – Personal Details

Surname

First name(s)

Title: Mr/Mrs/Miss/Ms/Other

Partnership status

Home address

	Postcode	

NILGOSC reference number

Date of birth

Telephone number

Personal email address

Employer



**Section 2 – Details of election**

Additional pension I would like to buy £  per year

I would like to pay by instalments £   per month  per week

*(Please tick 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

*\* By typing your name you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature. You are also confirming that the information you have provided is accurate and complete, to the best of your knowledge and belief.*



**Section 3 – Medical declaration**

**If you are buying additional 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 NILGOSC's Doctor is**

Belfast       Dungannon       Hollywood       Ballykelly

**Please note** while NILGOSC will try to take your choice of location into consideration, this may not always be possible.

Signature for medical declaration\*

Date

*\* By typing your name you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature. You are also confirming that the information you have provided is accurate and complete, to the best of your knowledge and belief.*

**Checklist**

Please ensure that you have enclosed: *(please tick below)*

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