## **Notes on Internal Dispute Resolution Procedure (IDRP)**

Mae'r ddogfen yma hefyd ar gael yn Gymraeg / This document is also available in Welsh Please read these notes of guidance carefully before completing the form.

If you disagree with a decision made by your employer or the Clwyd Pension Fund to do with your benefits from the Local Government Pension Scheme (LGPS), there is a two stage complaints process in place called the Internal Dispute Resolution Procedure (IDRP).

You can make a complaint under the IDRP if you are:

- a Prospective Member, who is thinking of joining the scheme;
- an **Active Member**, who is currently contributing to the scheme;
- a **Deferred Member**, who has stopped paying pension contributions, but your benefits stay in the Clwyd Pension Fund; or
- a **Pensioner Member**, who is currently receiving pension benefits from the Clwyd Pension Fund.

When you make your complaint, you can choose someone else to represent you: a friend, relative, solicitor or union representative for example.

#### **Stage 1: Formal Complaint**

Whether your complaint is against your employer or the Clwyd Pension Fund, you should complain in writing using a Stage 1 application form. You must submit your Stage 1 application form within **six months** from the date you were told about the decision, action, or lack of action you are complaining about. Your case will be reviewed using the scheme rules and any other relevant law.

Please complete a Stage 1 application form and return to either:

- Clwyd Pension Fund, County Hall, Mold, Flintshire, CH7 6NA; or
- pensions@flintshire.gov.uk

You should receive a written reply within **two months** of us receiving your appeal. The decision will be confirmed to you in writing, or reasons will be given for the delay in making a final decision.

#### **Stage 2: Further Appeal**

If you don't agree with the Stage 1 decision, you have **six months** to appeal to a Stage 2 adjudicator appointed by the Clwyd Pension Fund. You must make your Stage 2 appeal in writing and include the Stage 1 decision.

You can also go straight to Stage 2 if:

- You have gone through Stage 1 and haven't had a reply within three months of making your appeal; or
- You have gone through Stage 1 and haven't received a decision within **one month** of the date you were told you would receive it.

The Stage 2 adjudicator should reply to you within **two months** of receiving your complaint. For all Stage 2 appeals please complete a Stage 2 application form and return to either:

- Clwyd Pension Fund, County Hall, Mold, Flintshire, CH7 6NA; or
- pensions@flintshire.gov.uk

#### MoneyHelper

MoneyHelper is available at any time to help you.

You can either get in touch with a local MoneyHelper adviser through your Citizens Advice Bureau, or contact them using:

Phone: **0800 011 3797** 

Website: www.moneyhelper.org.uk/en

#### The Pensions Ombudsman (TPO)

The Pensions Ombudsman can investigate any type of disagreement about your pension so long as it is within three years of the original disagreement being made. Pension schemes and members must normally go along with the Ombudsman's decision unless it is overturned by a court. The Pension Ombudsman's office will normally expect you to have:

- Been given Stage 1 and Stage 2 IDRP decisions by the LGPS; and
- Asked for help from MoneyHelper

You have the right to submit your complaint to The Pensions Ombudsman free of charge.

The Pensions Ombudsman's contact details are:

Phone: **0800 917 4487** 

Website: www.pensions-ombudsman.org.uk

Address: 10 South Colonnade, Canary Wharf London, E14 4PU

### The Pensions Regulator (TPR)

The Pensions Regulator is a pensions watchdog which makes sure schemes are run properly and protects members against fraud. Anyone who is worried about a scheme can report them to The Pensions Regulator.

The Regulator's contact details are:

Phone: **0345 6000 707** 

Website: www.thepensionsregulator.gov.uk/en

Address: Customer Support, The Pensions Regulator, Telecom House, 125-135 Preston Road, Brighton,

BN1 6AF





# **Local Government Pension Scheme Stage 1 Application Form: Internal Dispute Resolution Procedure (IDRP)**

(to be completed by the Member or Personal Representative)

#### Member's Details:

| Full Name:   |                            |               |                          |                       |              |                       |         |
|--|----------------------------|---------------|--------------------------|-----------------------|--------------|-----------------------|---------|
| NI Number:   |                            |               |                          | Date of               | Birth:       |                       |         |
| Address:   |                            |               |                          |                       |              |                       |         |
|  |                            |               |                          | Postco                | de:          |                       |         |
| Email Address:   |                            |               |                          | Teleph                | one No:      |                       |         |
| Employer:  |                            |               |                          | Payroll Reference No: |              |                       |         |
| Language Preference:                                   | wish to rec                | eive <b>A</b> | <b>LL</b> future corresp | ondence               | e in (Please | √ the box relevant to | you to  |
| show your choice)                                      |                            |               |                          |                       |              |                       |         |
| Welsh  |                            |               | English                  |                       |              | Bilingual             |         |
| <b>Communications Prefe</b>                            | erence: I wis              | h to re       | eceive <b>ALL</b> future | e corresp             | ondence in   | (Please √ the box re  | elevant |
| to you to show your ch                                 | noice) <mark>(Pleas</mark> | e sele        | ct only ONE opt          | ion):                 |              |                       |         |
|  | Electronic                 | ;             |                          |                       |              |                       |         |
| *Please make sure you have registered to use Member    |                            |               |                          |                       |              | Paper                 |         |
| Self-Service to receive correspondence electronically: |                            |               |                          |                       |              |                       |         |
| mss.clwydpensionfund                                   | d.org.uk/ho                | me/lo         | gin                      |                       |              |                       |         |
| Complete below if you                                  | are represei               | nting t       | he Member:               |                       |              |                       |         |
| Full Name:   |                            |               |                          |                       |              |                       |         |
| Relationship to Memb                                   | er:                        |               |                          |                       |              |                       |         |
| Address for Correspon                                  | dence:                     |               |                          |                       |              |                       |         |
|  |                            |               |                          |                       | Postco       | de:                   |         |

|  | e disagreement with as many facts to tell us why you if you need more space. Please send the completed forn is. |          |
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| Declaration:                                   |   |          |
| Member's signature:                            | Date:   |          |
| Signature of Representative: (if this applies) | Date:   |          |
|  | rned to the Clwyd Pension Fund by one of the following  | methods: |



**Statement of Application:** 

Upload the forms through MSS 'Document Upload'



pensions@flintshire.gov.uk

