



Local Government Pension Scheme Notification of Opt Out



Title _____ Surname _____ Forename(s) _____

Date of Birth

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 N. I. No:

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Address _____

Job/Post Title _____ (Please complete a separate form for each employment)

Employing Authority _____ Payroll No. _____

What you need to know

- Your employer cannot ask you or force you to opt out.
- If you are asked or forced to opt out you can tell the Pensions Regulator www.thepensionsregulator.gov.uk
- If you change your mind you may be able to opt back in – write to your employer if you want to do this.
- If you stay opted out your employer will normally put you back into pension saving in around 3 years.
- If you change job your new employer will normally put you back into pension saving straightaway.
- If you have another job your employer might also put you into pension saving, now or in the future.
- This notice only opts you out of pension saving with the employer you name above.
- An opt out form must be filled out if you wish to opt out of that pension saving as well.

Declaration

- I wish to opt out of pension saving.
- I understand that if I opt out I will lose the right to pension contributions from my employer.
- I understand that if I opt out I may have a lower pension income when I retire.
- I understand that I will not be covered for death in service or ill health retirement with enhancements

PLEASE TICK ONE OF THE BELOW BOXES

	I do not have any other pension rights in the Local Government Pension Scheme (LGPS) in either England or Wales. (Less than 3 months membership) Refund processed by your payroll department and refunded in the next available pay
	I have other periods of membership that would add up to less than 2 years membership but only want a refund for the job / post outlined above. (Less than 3 months membership) Refund processed by your payroll department and refunded in the next available pay
	I have other periods of membership that would add up to more than 2 years membership and would like a refund for the job / post outlined above. (Less than 3 months membership) Refund processed by your payroll department and refunded in the next available pay
	I have other periods of membership that would add up to less than 2 years membership and would like a refund of them all. Refund processed by Clwyd Pension Fund who shall contact you once notified by your employer
	I have over 2 year’s total membership in the LGPS in either England or Wales, and <i>will not be able to draw my deferred benefits until at least age 55.</i> LGPS benefits will be deferred by the Clwyd Pension Fund once notified by your employer

The above declaration is correct to the best of my knowledge

Employee’s Signature _____ Date _____

PLEASE SEND TO YOUR EMPLOYER’S PAYROLL DEPARTMENT



Local Government Pension Scheme Notification of Opt Out



TO BE COMPLETED BY THE EMPLOYER'S PAYROLL DEPARTMENT

JOB / POST DETAILS

Job / Post Title _____

Payroll No: _____ Job / Post Ref _____ (A,B,C etc)

Date Commenced Employment (in the above job/post): _____

Date Joined Pension Fund (in this job/post): _____

Date Opted Out of Scheme (in this job/post): _____

EMPLOYER PROCESS

PLEASE TICK ONE OF THE BELOW BOXES AND PROVIDE RELEVANT DETAILS

	I confirm that the following amount was refunded by payroll for the above post: Amount Refunded: £ _____
	No contributions were ever deducted in relation to the above post.
	The member has over 3 month's membership and a termination form has been attached

EMPLOYER DETAILS

Form Completed by: _____ Certifying Officer: _____

Contact Tel No. _____ Date: _____

INCOMPLETE OR INCORRECT FORMS WILL BE RETURNED TO YOUR DEPARTMENT

PLEASE SEND TO THE CLWYD PENSION FUND

This can be sent via email or post to the following addresses

pensions@flintshire.gov.uk

or

Clwyd Pension Fund, County Hall, Mold, Flintshire, CH7 6NA