



Opt-Out Form Local Government Pension Scheme (LGPS)

Membership of the LGPS is automatic for all employees except **casual staff**. If you do not want automatic membership please complete and return this Opting Out form to your Payroll Office. Please read the following notes carefully before making your decision. Further information is also available on our Pensions Website at: - <http://www.barnet.gov.uk/pensions>

- ◆ I have carefully considered the options available to me in providing pension benefits for **myself and my dependants**.
- ◆ I have decided that I do not wish to participate in the provisions of the Local Government Pension Scheme (LGPS) including those relating to early retirement on the grounds of ill-health, redundancy, or efficiency of the service and those benefits payable to my dependants in the event of my death.
- ◆ I also do not wish to make provision for the retirement pension and Tax Free Lump Sum based on my final year's pensionable pay, and forego the index-linking of these benefits.
- ◆ I do not wish my employer to pay contributions into the Pension Fund on my behalf to guarantee future Local Government Pension rights.
- ◆ I understand I will not receive tax relief at source through the payroll on any alternative pension arrangements I make.
- ◆ I further realise that it is my responsibility to make alternative pension arrangements for myself and my dependants and that my employer will not contribute to or assist in any such plan.
- ◆ If I complete and return this form within three months of commencing employment, I am aware I will backdate my opting out to my start date and receive a refund of contributions, less adjustments for Tax and National Insurance.
- ◆ I understand that any future election to join the LGPS will not be back-dated and membership will only commence from the next available pay date after the election had been received. It will not cover earlier periods of employment.

I HAVE READ AND UNDERSTOOD THESE OPTION FORM NOTES AND ELECT TO OPT OUT OF THE LOCAL GOVERNMENT PENSION SCHEME.

Full Name (Capitals):

N.I. Number: ____ / ____ / ____ / ____ / ____

Signature: **Date:**

Payroll Number: **Employer:**

<u>Please give reason for opting out of LGPS (please tick):</u>		
Too Expensive <input type="checkbox"/>	Alternative pension provision <input type="checkbox"/>	Short Contract (12 Months or less) <input type="checkbox"/>
Other, please provide details _____		
