**New Starters Form**

**The Data Protection Act 1998**

The information provided by you will be processed by your scheme employer and agents of the Pension Fund for the purposes only associated with the Local Government Pension Scheme (LGPS) England & Wales. This may include processing and/or disclosures in connection with the following:

* Sensitive personal data, for example details about your health and personal relationships
* The assessment of entitlement to benefits under the scheme
* The calculation of those benefits
* The administration of the scheme and the payment of benefits
* Providing you with information on changes to the schemes administration and benefits.

Your scheme employer may pass this information on to our agents / representatives to do these things on our behalf.

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| **NAME OF YOUR ADMINISTERING AUTHORITY** |  |
| **NAME OF YOUR SCHEME EMPLOYER**  |  |

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| **Part A – To be completed by employee**(Please read all of these notes before completing this form)1. Enclose your completed expression of wish form (Pen 16) with this documentation.
2. You must provide details of all previous membership of the Local Government Pension Scheme (England & Wales). Deferred refund and deferred benefits will usually be automatically aggregated with this membership, and Capita will contact you with further information.
3. You must provide details of all the pension schemes (excluding those listed (b)) in which you have pension rights. If you are interested in transferring (indicating an interest at this stage will not commit you to payment of a transfer) any of these rights to your new LGPS Pension Fund, please indicate on the table herein, and Capita will contact you with further information.
4. If there is insufficient space to provide the information requested in (b) or (c), please attach a separate sheet noting your name and national insurance number.
 |
| **Surname (Block Capitals)** | **Forenames (Block Capitals)** |
| **Date of Birth:**  | **Title: Dr/Mr/Mrs/Miss/Ms**  | **national insurance No:** |

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| **(b) MANDATORY – Name of Local Government Pension Fund in England & Wales - including your new Pension Fund if previously been a member** | **Dates joined LGPS Fund** | **Date left active membership of LGPS Fund** | **Type of Benefit** | **If in payment was the pension paid due to ill health?** |
| **Refund Paid** | **Deferred Refund** | **Deferred Benefit** | **Pension in payment** | **Tick if YES** |
|  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
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| **(c) MANDATORY – Name, address and pension scheme reference number of any previous pension rights (excluding those noted at (b)**  | **Dates joined Scheme** | **Date left Scheme** | **Type of Benefit** | **Interested in a transfer to the Pension Fund?** |
| **Refund Paid** | **Deferred Refund** | **Deferred Benefit** | **Pension in payment** | **Tick if YES** |
|  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
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|  |  |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

**Personal Information**

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| **1**. Marital status: single [ ]  married [ ]  civil registration [ ]  divorced [ ]  dissolution order [ ]  widowed [ ]  surviving civil partner [ ]  male survivor of a same-sex marriage [ ]  female survivor of a same-sex marriage [ ]  (tick as appropriate). |
| **2.** If you have been known by a different name at any other time, please state your previous name and the date of change. |
| Name |       | Date |       |
| **3** Were you paying for any additional benefits with your last employer’s pension scheme (e.g. additional pension, AVCs etc)? Yes [ ]  No [ ] If yes please provide details in the space below: |
| **4**. Are you paying contributions to a personal pension plan, stakeholder or FSAVC? [ ] Yes [ ] NoIf yes please provide details in the space below:       |

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| **Check List.**1. I have read the Members’ Guide to the LGPS and fully understand all the options available to me.
2. I have enclosed a copy of my birth certificate / passport which has been verified and signed by my manager for registration.
3. I have enclosed my fully completed Expression of Wish form (Pen 16).
4. I agree to the release of information from pension schemes listed previously to Capita, who administers the LGPS on behalf of my LGPS Pension Fund.
5. I confirm that details of every previous pension scheme for which I have rights held within, or have had rights held within (see previous membership of the LGPS), are detailed on this form.
6. I understand that if I elect to transfer any of my previous pension benefits from another pension scheme into my LGPS Pension Fund, the election to go ahead with the transfer must be received by Capita within 12 months of my date of joining the LGPS.
7. Please return all necessary forms and certificates to your Scheme employer.

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| Signed |  | Date |  |
| Home Address |       |
|       |
|       |
| Postcode: |       | Tel Number: |       |

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| **Part B – To be completed by scheme employer** |
| Scheme employer |       |
| Surname      | Forename      | NINO      |
| Date of Birth      | Region (if applicable)      | Employee No.      |

Employee contribution rate:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5.5% | 5.8% | 6.5% | 6.8% | 8.5% | 9.9% | 10.5% | 11.4% | 12.5% |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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|  | **Day** | **Month** | **Year** |
| Date member commenced employment with scheme employer |  |  |  |
| Date member joined/rejoined LGPS (England & Wales) |  |  |  |
| Assessed Annual Pensionable Pay (2014 Scheme):  | £      |
| Pensionable Pay Paid (2014 Scheme) on Joining LGPS:  | £     per annum |
| Is the member a VIP? Yes / No\* (\*delete as appropriate) |
| **For the purpose of calculating any protected final salary benefits that the member may hold, the following information must also be provided and retained by the Scheme employer during the employment of the employee:** |
| **Protected Full Time Equivalent Pay on joining LGPS (2008 Scheme definition): including any contractual pension payments, shift allowances, overtime, emoluments, bonuses etc**  | **£     per annum (where appropriate)** |
| **Working Hours: Whole Time / Part Time / Variable Whole time weekly hours****(delete as appropriate) Hours:       in decimals** |
| **Part Time weekly hours to be worked Whole time contractual hours for the job****Hours:       in decimals Hours:       in decimals** |
| **Variable *Please give best estimate of hours to be worked*****Hours:       in decimals *adding further detail under ‘remarks’ if necessary.*** |
| **Remarks:** |

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| For Scheme employer use.Check List:* Scan and email Pen 1, Pen 16 and all certificates to Capita.
* Originals to Scheme employer file.

Certification signature:       Date:      Telephone number for enquires:       Extn:       |