

LOCAL GOVERNMENT PENSION SCHEME (LGPS) MEMBERSHIP FORM



Amended October 2012

NEW EMPLOYEES:

Membership of the LGPS is automatic if you will be employed on a contract of at least 3 months.

Membership of the LGPS is not automatic if your contract of employment is for less than 3 months or you will be employed on a casual or relief basis, but you can join on completion of this form.

If you qualify for automatic entry and wish to remain in the LGPS you are still required to complete this form.

If you qualify for automatic entry and do not wish to remain in the LGPS, you can opt out by contacting the Pensions Team for an opt out form after your employment has commenced.

EXISTING EMPLOYEES:

If you are employed on a contract of over or under 3 months, or are employed on a casual or relief basis and you are not contributing to the LGPS, you can join at any time by completing this form.

FULL NAME (CAPITALS):		TITLE:	
FULL HOME ADDRESS:			
E-MAIL ADDRESS:			
DATE OF BIRTH:		EMPLOYER:	
NI NUMBER:		JOB TITLE:	
MARITAL STATUS:		EMPLOYMENT START DATE:	

It is ESSENTIAL that you supply a photocopy of either your birth certificate, passport or driving licence and if married, in a civil partnership or divorced the relevant certificate.

PREVIOUS PENSION RIGHTS (including LGPS membership, other Public or Private Sector pension scheme membership or details of Personal Pension Plans etc):

Pension transfers, INCLUDING LGPS MEMBERSHIP WITH A PREVIOUS AUTHORITY, are NOT automatic. If the table below is not completed in full and you do not indicate "YES" to an interest in a transfer then your previous pension rights will remain where they are.

Pension transfers must be applied for within 12 months of joining the Enfield Council LGPS. Applications received after 12 months of joining the Enfield Council LGPS will not be accepted.

NAME and ADDRESS of your Previous Pension Provider	Date Started	Date Ceased	Contributions Refunded?	Interested in a Transfer?
			YES / NO *	YES / NO *
			YES / NO *	YES / NO *
			YES / NO *	YES / NO *

* Please delete as appropriate.

I confirm that I wish to contribute to the LGPS and if I have indicated an interest in a transfer I authorise Enfield Council LGPS to approach my previous pension provider/s for information.

Signed: _____ Date: _____