

CHANGES TO PENSIONABLE STATUS – LGS15B



EMPLOYER NAME: _____
PAY REF: _____ POST No: _____

CHANGES TO PENSIONABLE STATUS

This form should be used to notify the pension administrators of changes in hours worked per week, weeks worked per year, maternity leave, leave of absence, change of name/status/title, change to employee contribution rate, change of home address etc.

To the scheme administrators:
Please update your records, as detailed below, with regard to:
SURNAME: _____ FORENAMES: _____ TITLE: _____
NI NUMBER: _____ PAY REF: _____ POST No: _____

EFFECTIVE DATE OF CHANGE: _____

NEW SURNAME: _____ NEW FORENAMES: _____ NEW TITLE: _____

NEW ADDRESS: _____

_____ POST CODE: _____ NEW EMAIL: _____

NEW PAY REF: _____ NEW POST No: _____

NEW PARTNERSHIP STATUS: Married/Partner (Unmarried)/Civil Partner/Single/Divorced/Widow(er) (please delete)

NEW EMPLOYEE CONTRIBUTION RATE: _____% EFFECTIVE DATE: _____

NEW JOB TITLE: _____

NEW CONTRACTUAL HOURS PER WEEK: _____ NEW FT EQUIVALENT: _____

NEW CONTRACTUAL WEEKS PER YEAR: _____ TERM-TIME: YES/NO

HOURS PER WEEK BEFORE CHANGE: _____ WEEKS PER YEAR BEFORE CHANGE: _____

BREAK IN PENSIONABLE MEMBERSHIP:

FIRST DAY OF BREAK: _____ LAST DAY OF BREAK: _____

REASON FOR BREAK: _____ OPTION TO REPAY CONTRIBUTIONS GIVEN: YES/NO

DOES THIS EMPLOYEE HAVE MORE THAN ONE POST? YES/NO (please delete)

(If yes please supply a separate form if changes apply to more than one post)

SIGNED: _____ DATE: _____
NAME OF AUTHORISED SIGNATORY: _____ POSITION: _____