

ELECTION TO JOIN THE LOCAL GOVERNMENT PENSION SCHEME (LGPS)

Completing and sending this form to your employer will bring you into the LGPS Main Section. If you have more than one job, you will need to complete a separate form for each job you wish to be an active member of the LGPS.

The LGPS gives you a secure pension that provides you with a future income, independent of share prices and stock market fluctuations and offers:

- **Tax efficient pension contributions** for most people under State Pension Age and
- **Your employer pays in too.** The balance of the cost of providing your pension benefits is met by your employer.

To join the LGPS, complete the remainder of the form, including the declaration on page 2, in BLOCK CAPITALS and return it to your EMPLOYER. Your employer will check your eligibility to join the scheme and advise you of their decision.

After sending the form to your employer

- check your payslip to ensure pension deductions have started
- Pension Services will contact you after your employer has advised the office you have joined the scheme to set up your pension record.
- Please keep a copy of this form for your records

DO NOT return it to Pension Service, Oxfordshire Pension Fund, as this will delay your entry into the LGPS.

Data Protection

The Oxfordshire Pension Fund is a data controller under the Data Protection Act 1998 and will use the personal data you provide on this form for the purpose of administering the LGPS. We may need to disclose your information to our partner organisations for these purposes. The areas of data protection are being enhanced during 2018, and information on how and where the fund as data processor uses your data will be available on our website and on request to Pension Services from May 2018.

Last reviewed: January 2018

FULL NAME:	NATIONAL INSURANCE NUMBER:
HOME ADDRESS:	
	POST CODE:
CONTACT DETAILS: Telephone: Email:	DATE OF BIRTH:
Job title:	
Employer:	
Payroll no. or pay reference:	

Declaration

I wish to be a member of the LGPS for the job I have named on this form. I understand I will be brought into the LGPS from my next available pay date and that I can find further information about being a member of the LGPS from www.lgpsmember.org

Signed:	Date:
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For employer action only:	
Name of Employee:	
Pay Reference:	
Date member has joined the scheme:	
Printed name of payroll officer:	
Signature of payroll officer:	