

Local Government Pension Scheme Notification of amendments

Form - LGPS-5B

Single

Widow/er

Married

Divorced

This form is for employers participating in the East Sussex Pension Fund. It should be used to notify E	SCC
of amendments to existing scheme member's records.	

Employer name	
I. Scheme member's o	letails
Surname	
Forename(s)	
Previous surname (if applicable)	
Payroll reference	
National Insurance No.	
Date of birth	
Date of birth verified – yes or no	Yes
	No
2. Amendments to	scheme member's personal details
Zi Parrendirients to	serieme member 3 personal decails
Date of amendment	
Date of amendment	
Members address I	
Members address 2	
Members address 3	
Members address 4	
Post code	
Email address	
Please indicate your marit	tal/partnership status by marking one box:

Civil partnership

Surviving civil partner

Civil partnership dissolved

Cohabiting partner

Type of certificate	
Please tick to confirm that it has been verified from the original	
2. Amondments to apple you and dataile	
3. Amendments to employment details	
Date of amendment	
Job title	
Contract type (please indicate whole time, part time or casual (variable hours)	
Change of hours - enter % of WT (pro-rata if term-time)	
New	%
Previous	%
Employees LGPS contribution rate - £	
Employees LGPS contribution rate - %	
4. Other amendments (Please notify us of any changes that wi	Il affect the scheme member's
4. Other amendments (Please notify us of any changes that wi contributions)	ll affect the scheme member's
	Il affect the scheme member's Tick one box
contributions)	Tick one box
I confirm that the scheme member	Tick one box
I confirm that the scheme member Has had a period of unpaid contributions (please enter from and to date the scheme member)	Tick one box
I confirm that the scheme member Has had a period of unpaid contributions (please enter from and to date the commenced a period of long term sick leave	Tick one box
I confirm that the scheme member Has had a period of unpaid contributions (please enter from and to date the commenced a period of long term sick leave) Has commenced a period of maternity / paternity leave (please send for the commenced aperiod of maternity / paternity leave)	Tick one box
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If a certificate has been verified by your authority, please enclose a copy, and give details below.

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5.	лиек	OPIC	ation
• /	=10191		7-19191

Authorising officer - signature	
Authorising officer – print name	
Email	
Telephone number	
Date	

Please return the completed form to:

Pensions, East F, County Hall, St Anne's Crescent, Lewes, East Sussex, BN7 IUE

If you need to contact us please call 0300 200 1022 or email pensions@eastsussex.gov.uk.