

Local Government Pension Scheme Notification of starter

Form - LGPS5A

This form is for employers participating in the East Sussex County Council Pension Fund. It should be used to notify ESCC of new pension scheme members.

Form LGPS-I completed by the employee on commencement of employment should be enclosed with this form. Please complete the enclosures section of this form.

| Employer name | | |
|---------------|--|--|

I. Scheme member's details

| Title (Please enter Mr, Mrs, Ms, Miss or other – | |
|---|-----|
| please specify) | |
| Sex | |
| Surname | |
| Forename(s) | |
| Previous surname (if applicable) | |
| Payroll reference | |
| National Insurance number | |
| Date of birth | |
| Date of birth verified (yes | Yes |
| or no) | No |
| Members address I | |
| Members address 2 | |
| Members address 3 | |
| Members address 4 | |
| Postcode | |
| Email Address / phone number | |
| | |

Please indicate your marital/partnership status by marking one box below

| Single | Married | Civil partnership | Civil partnership dissolved |
|----------|----------|-------------------------|-----------------------------|
| Widow/er | Divorced | Surviving civil partner | Cohabiting partner |

| 2. | Emp | loyme | ent d | etails |
|----|-----|-------|-------|--------|
| | | | | |

| Information required | Enter details here |
|--|--------------------|
| Job title | |
| Date joined scheme in this employment | |
| Contract type (please indicate whole | |
| time, part time or casual (variable hours) | |
| % if part-time (pro-rata if term time) | |
| Contribution rate - % | |
| Additional contribution rate - % | |
| Type of additional contribution – please specify if AVC's or APC's (if applicable) | |

3. Pensionable pay

| Whole time equivalent pay per annum (to be completed in all cases) | £ |
|--|---|
| Estimated bonus/pensionable allowances in first year | £ |

4. Enclosures - The following forms are enclosed with this form (Please tick as appropriate).

| Form LGPS1 'Membership Questionnaire' as completed by the scheme member | |
|---|--|
| Birth Certificate | |

5. Authorisation

| 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 require any support, please email pensions@eastsussex.gov.uk or call 0300 200 1022.