

ELECTION TO JOIN

Election to join the Local Government Pension Scheme (LGPS)

Personal details

Name.....	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email							
Employer.....							
Payroll number.....	Job Title						

Election

By signing this form I am making an election to **join** the LGPS and by doing so understand that I will pay pension contributions with effect from the next available pay date.

Read carefully before signing

- ✓ I understand that I will be contributing into the main section of the scheme.
- ✓ I understand that I can switch to the 50/50 section at any time.
- ✓ I understand that I can opt out at any time.
- ✓ For further information please visit our website at www.essexpensionfund.co.uk

This election must be returned to your employer for your contributions to commence.

Signed.....	Date.....
<small>"Data Protection: Essex County Council (as the Administering Authority of the Fund) is a Data Controller under the General Data Protection Regulations. We store, hold and manage your personal data in line with statutory requirements to provide you with pension administration services. For more information about how we hold your data, who we share it with and what rights you have to request information from the Fund, see the Forms and publications section of our website www.essexpensionfund.co.uk."</small>	

A separate form must be used for each individual contract of employment.

Please visit our website www.essexpensionfund.co.uk for further information. You will also find important information at www.lgpsmember.org

To be completed by the Employer when contributions have commenced

Signed.....	Date actioned.....
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