**Text

Description automatically generated**

**Local Government Pension Scheme (LGPS)**

**Opting In Election Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Personal Details** | | | | | | | | | | | | | | | |
| **Title:** (Please 🗸) | **Mr** | **x** | | **Miss** |  | **Mrs** | |  | **Ms** | | |  | | **Other** |  |
| **Full Name:** |  | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **NI Number:** |  | | | | | **Date of Birth:** | | | |  | | | | | |
| **Home Address:** |  | | | | | | | | | | | | | | |
|  | | | | | | | **Post Code:** | | | |  | | | | |
| **Personal Email Address:** (Essential) | | |  | | | | | | | | | | | | |
| **Employer:** | | |  | | | | | | | | | | | | |
| **Date Commenced Employment:** | | |  | | | | **Employee Number:** | | | | | |  | | |
| **Job Title:** | | |  | | | | | | | | | | | | |

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| **Election to Opt into the LGPS** | | |
| **I wish to join the LGPS from the next available pay period:** (Please 🗸 if appropriate) | |  |
| **OR**...  **I wish to join the LGPS from the following date:** (Please Enter Date if appropriate) |  | |

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| **Language Preference** (Please 🗸 the appropriate box to indicate your election) | | | | | |
| As a member of the LGPS, I wish to receive **ALL** future correspondence in**:** | | | | | |
| **WELSH** |  | **ENGLISH** |  | **BILINGUAL** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Declaration** | | | |
| I have made an election to join the LGPS and I enclose my Declaration of Previous Pension Rights form, Death Grant Expression of Wish form and a copy of my Birth Certificate and Marriage Certificate/Civil Partnership Declaration (if applicable). I have indicated my language preference and I declare that the above information is correct to my knowledge. **PLEASE NOTE** that if you do not indicate your language preference above, ALL future correspondence will be sent to you a bilingual format. | | | |
| **Signature:** |  | **Date:** |  |
| **Please return this form to your EMPLOYER** | | | |