

Personal Details			
Title:		Full Name:	
Home Address:			
		Post Code:	
NI Number:		Date of Birth:	
Employer:			
Pay Reference No.:		Post No.:	
Job Title:			

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	<input type="checkbox"/>	ENGLISH	<input type="checkbox"/>
		BILINGUAL (Default)	<input type="checkbox"/>

Employee Declaration	PLEASE RETURN THIS FORM TO YOUR EMPLOYER
<p>This form should ONLY be signed and dated following the commencement of your employment in the post from which you wish to opt out of the LGPS. If signed and dated before your commencement date, this form will become INVALID. If you have more than one post with your Employer, you will be required to complete an Opting Out form for each post that you DO NOT wish to attach to the LGPS.</p> <p>I declare that by opting out of the LGPS, I am knowingly giving up the opportunity to participate in the LGPS which would provide a guaranteed package of benefits which are backed by law. This includes:</p> <ul style="list-style-type: none"> • a secure annual pension - payable for life that increases with the cost of living. • a tax-free cash option - you may exchange part of your pension for some tax free cash. • a voluntary early retirement option - from age 55. • serious ill health cover - your benefits may become payable for life with a possible enhancement. • redundancy cover - if age 55 or over, your unreduced benefits will be paid immediately. • added life cover - with a lump sum of three times your final pay, should you die in service. • survivor benefits - a pension for your husband, wife, civil partner, eligible co-habiting partner and / or any eligible children that you may have. <p>I have read the above and the notes of guidance, and understand that the choices I make now are important in planning for my retirement. I understand that if I opt out I may lose the right to pension contributions from my employer, and I may have a lower income when I retire. I confirm that I wish to opt out of pension saving in the post I have indicated on this form.</p>	
Signature:	Date:

EMPLOYER USE ONLY:	Please ✓ the box if this Employee Declaration has been actioned:	<input type="checkbox"/>
Officer Signature:	Date:	

Notes of Guidance

- 1) You have the option to reduce your normal contribution rate by half, to build up half the level of pension in the scheme during this time; which may be a better option than having to opt out of the scheme altogether. This is known as the **50/50 Section**. In order to do so, please contact your Employer to request the appropriate election form.
- 2) You can only sign and date this opt out form once you have commenced employment in the post from which you wish to opt out of membership of the LGPS.
- 3) You cannot sign and date the form before then as it will be treated as an invalid opt out.
- 4) Your Employer cannot ask you or force you to opt out. If you are asked or forced to opt out you can tell the Pensions Regulator – see www.thepensionregulator.gov.uk
- 5) If you have another job with another Employer, that Employer might also put you into pension saving, now or in the future. This opting out form only opts you out of LGPS pension saving in relation to the Employer and jobs you have named on this form. A separate opting out form must be filled out and given to any other Employer you work for if you wish to opt out of pension saving with that Employer as well.

You will need to obtain the opting out form for employment with that Employer directly from the **Dyfed Pension Fund**.

- 6) If you opt out of the LGPS before completing **2 years** membership you will be treated as never having been a member and will receive a refund of any contributions deducted from your pay. If you opt out after **2 years** you will be entitled to a deferred pension benefit in the LGPS which, unless you transfer the benefits to another pension scheme, would become payable from your Normal Pension Age.
- 7) If you decide to opt out of membership of the LGPS and subsequently change your mind you will be able to rejoin the scheme provided you are under age 75 and you remain in an employment that qualifies you for membership of the scheme. You will need to write to your Employer if you want to opt back into the scheme.
- 8) If you opt out of the LGPS in an employment on or after **11th April 2015** with an entitlement to a deferred benefit (and do not have a concurrent employment in which you are still a member of the scheme) you will **NOT** have the right, if you subsequently re-join the scheme, to aggregate those deferred benefits with any future period of membership in the LGPS.
- 9) If you stay opted out, your Employer will normally automatically put you back into the LGPS approximately **3 years** from the date they have to comply with the automatic enrolment provisions of the Pensions Act 2008. You will, however, again be entitled at that time to opt out of membership of the scheme.
- 10) If you change Employer, you will normally put you back into pension saving straight away.
- 11) **The completed opt out form should be returned to your Employer.**
- 12) Carmarthenshire County Council is the administering authority of the Dyfed Pension Fund and we use your personal data in accordance with Data Protection legislation to provide you with pension administration service. For more information about how we use your data, who we share it with and what rights you have to in relation to your information, please visit the Privacy Notice on the Pension Fund website:
www.dyfedpensionfund.org.uk

Please return this form to your Employer