

**New Member Starter Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | **Title:** | | | | | |  | | | | | | | |
| **NI Number:** | | | | | |  | | | | | | | | | | | | | | **Date of Birth:** | | | | | | |  | | | | | | | | | | | | | |
| **Home Address:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | **Post Code:** | | | | | | |  | | | | | | | | | | | | | |
| **Email Address:** (Work or Personal - Essential) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Birth Cert’ attached?** | | | | | **YES** | | |  | | | **NO** | | |  | | | **Marriage Cert’ attached?** | | | | | | | | | | | | | **YES** | | |  | | | | **NO** | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMPLOYMENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employing Authority:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employee Number:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment Start Date:** | | | | | | | | |  | | | | | | | | | | | | | **LGPS Start Date:** | | | | | | | |  | | | | | | | | | | |
| **Post Number / Description:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Time Pensionable Pay:** | | | | | | | | |  | | | | | | | | | | **Part Time Pensionable Pay:** | | | | | | | | | | | | |  | | | | | | | | |
| **Part Time Weekly Hours:** | | | | | | | | |  | | | | | | | | | | **Term Time Weeks:** (if applicable) | | | | | | | | | | | | |  | | | | | | | | |
| **Please confirm the member’s contribution rate:** (Tick as appropriate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.5%** |  | **5.8%** | |  | **6.5%** | |  | | | **6.8%** | | |  | | | **8.5%** | |  | | | **9.9%** | |  | **10.5%** | | | |  | | | **11.4%** | | |  | | **12.5%** | | |  | |
| **Please confirm the conditions under which the employee has been admitted to the LGPS:** (Tick as appropriate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LGPS Joiner 1** | | |  | | **Opted In 2** | | | | | | |  | | | **Auto Enrolment (AE) 3** | | | | | | | | | |  | | | | **Reason for AE 4** | | | | | | | | |  | | |
| **1. An employee that has been brought into the LGPS upon commencement under current LGPS regulations.**  **2. An employee that has decided to opt into the LGPS.**  **3. An employee that has been brought into the LGPS in accordance with Automatic Enrolment requirements.**  **4. Please indicate the reason for Auto Enrolment (if applicable): EARNINGS = 1 AGE = 2 RE-ENROLMENT = 3** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMPLOYER DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I confirm that the above information is correct, and I attach the Opting In form (if applicable), the Declaration of Previous Pension Rights form and the Death Grant Expression of Wish form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature:** | | | | | |  | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | | |  | | | | | |
| **PRINT NAME:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please Return to the: Dyfed Pension Fund, County Hall, Carmarthen, SA31 1JP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |