**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** |  |
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| **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**  |
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| **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** |