

**Employer Opt Out Notification Form**



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | |
| **Surname:** |  | | **Title:** |  |
| **Forenames(s):** |  | | | |
| **NI Number:** |  | **Date of Birth:** |  | |
| **Home Address:** |  | | | |
|  | | | | |
|  | | **Post Code:** |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYMENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employing Authority:** | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Employee Number:** | | | | |  | | | | | | **Post Start Date:** | | | | | |  | | | | | | | |
| **Post Number / Description:** | | | | |  | | | | | | | | | | | | | | | | | | | |
| **F/T Pensionable Pay:** | | | | |  | | | | | | **P/T Pensionable Pay:** | | | | | |  | | | | | | | |
| **Part Time Weekly Hours:** | | | | |  | | | | | | **Term Time Weeks:** | | | | | |  | | | | | | | |
| **Automatic Enrolment Date:** | | | | | |  | | | | | **LGPS Opt Out Date:** | | | | | |  | | | | | | | |
| **Please confirm the employee’s contribution rate (%):** (Please tick the appropriate option) | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.5** |  | **5.8** |  | **6.5** |  | | **6.8** |  | **8.5** |  | | **9.9** |  | **10.5** |  | | | **11.4** | |  | | **12.5** | |  |
| **Have pension contributions been deducted against this post?** | | | | | | | | | | | | | | | | **YES** | | |  | | **NO** | |  | |
| **If YES, have the pension contributions been refunded by your Payroll?** | | | | | | | | | | | | | | | | **YES** | | |  | | **NO** | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **MEMBER DECLARATION** | | | |
| I confirm that the above information is correct to my knowledge, and I attach the Opt Out declaration form completed by the above named employee, stating that they wish to opt out of pension saving in the post indicated on this form. | | | |
| **Signature:** |  | **Date:** |  |
| **PRINT NAME:** |  | | |
| **Please Return to the: Dyfed Pension Fund, County Hall, Carmarthen, SA31 1JP** | | | |