**Employer Opt Out Notification Form**



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

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| **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** |  |

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| **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** |