

Local Government Pension Scheme (LGPS) Opting In Election Form

Personal Details									
Title: (Please ✓)	Mr		Miss		Mrs		Ms		Other
Full Name:									
NI Number:					Date of Birth:				
Home Address:									
					Post Code:				
Personal Email Address: (Essential)									
Employer:									
Date Commenced Employment:					Employee Number:				
Job Title:									

Election to Opt into the LGPS	
I wish to join the LGPS from the next available pay period:	(Please ✓ if appropriate)
OR... I wish to join the LGPS from the following date: (Please Enter Date if appropriate)	----- / ----- / -----

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	<input type="checkbox"/>

Your Declaration			
<p>I have made an election to join the LGPS and I enclose my Declaration of Previous Pension Rights form, Death Grant Expression of Wish form and a copy of my Birth Certificate and Marriage Certificate/Civil Partnership Declaration (if applicable). I have indicated my language preference and I declare that the above information is correct to my knowledge. PLEASE NOTE that if you do not indicate your language preference above, ALL future correspondence will be sent to you a <u>bilingual format</u>.</p>			
Signature:		Date:	
Please return this form to your EMPLOYER			