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**Local Government Pension Scheme (LGPS)**

**Opting In Election Form**

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| **Personal Details** |
| **Title:** (Please 🗸) | **Mr** | **x** | **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:** |  |

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| **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) |  |

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| **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** |  | **ENGLISH** |  | **BILINGUAL** |  |

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| **Your Declaration**  |
| 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 bilingual format.  |
| **Signature:** |  | **Date:** |  |
| **Please return this form to your EMPLOYER** |