

**Local Government Pension Scheme
Notification of amendments**

Form - LGPS-5B

This form is for employers participating in the East Sussex Pension Fund. It should be used to notify ESCC of amendments to existing scheme member's records.

Employer name	
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1. Scheme member's details

Surname	
Forename(s)	
Previous surname (if applicable)	
Payroll reference	
National Insurance No.	
Date of birth	
Date of birth verified – yes or no	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Amendments to scheme member's personal details

Date of amendment	
Members address 1	
Members address 2	
Members address 3	
Members address 4	
Post code	
Email address	

Please indicate your marital/partnership status by marking one box:

Single <input type="checkbox"/>	Married <input type="checkbox"/>	Civil partnership <input type="checkbox"/>	Civil partnership dissolved <input type="checkbox"/>
Widow/er <input type="checkbox"/>	Divorced <input type="checkbox"/>	Surviving civil partner <input type="checkbox"/>	Cohabiting partner <input type="checkbox"/>

If a certificate has been verified by your authority, please enclose a copy, and give details below.

Type of certificate	
Please tick to confirm that it has been verified from the original	

3. Amendments to employment details

Date of amendment	
Job title	
Contract type (please indicate whole time, part time or casual (variable hours))	

Change of hours - enter % of WT (pro-rata if term-time)

New	%
Previous	%
Employees LGPS contribution rate - £	
Employees LGPS contribution rate - %	

4. Other amendments (Please notify us of any changes that will affect the scheme member's contributions)

I confirm that the scheme member	Tick one box
Has had a period of unpaid contributions (please enter from and to dates)	<input type="checkbox"/>
Has commenced a period of long term sick leave	<input type="checkbox"/>
Has commenced a period of maternity / paternity leave (please send form LGPSMAT I)	<input type="checkbox"/>
Other (please give details below*)	<input type="checkbox"/>

5. Authorisation

Authorising officer - signature	
Authorising officer – print name	
Email	
Telephone number	
Date	

*

Please return the completed form to:

Pensions, East F, County Hall, St Anne's Crescent, Lewes, East Sussex, BN7 1UE

If you need to contact us, please call 0300 200 1022 or email pensions@eastsussex.gov.uk.