

**Local Government Pension Scheme  
Opt In Form**

**Form - LGPS-1B**

**Before completing this form, please read the guidance notes on page 5.**

**What is this form for?**

Use this form to confirm that you wish to join the pension scheme. You can also tell us whether you want to transfer other pension rights into the scheme and nominate beneficiaries in the event of your death.

**This form should be sent to your Payroll or HR team, not directly to the Pension Fund**

**1. Personal details**

Surname	
Forename(s)	
National insurance number	
Home address 1	
Home address 2	
Home address 3	
Home address 4	
Post code	
Telephone number(s)	
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"/>
Date status changed (if applicable)		Previous surname (if applicable)	

Please enclose a photocopy of your birth certificate or passport.

Date of birth		Birth certificate / passport enclosed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## 2. Election to join the Local Government Pension Scheme (LGPS)

**I am a new employee or have a new pensionable role and I confirm my wish to join the LGPS from my date of starting. I authorise the deduction of a pension contribution from my salary at the appropriate rate.**

Please date and sign below if you agree with the statement.

Date			
Signature			
Employer			
Payroll Number 1		Job Title 1	
Payroll Number 2		Job Title 2	
Payroll Number 3		Job Title 3	

## 3. Previous Local Government Pension Scheme (LGPS) membership

Have you previously paid into the LGPS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, were you paying additional contributions to purchase 'added years?' Pre 2014 membership only	Yes <input type="checkbox"/>	No <input type="checkbox"/>

LGPS Fund (e.g., East Sussex)	Employer	Start Date	End Date	AVC's (Yes/No)

#### 4. Previous non-LGPS pension arrangements

You should list all previous non-LGPS pension schemes, which you are considering transferring into their LGPS scheme. We will investigate whether a transfer is possible.

Please list your previous pension schemes in date order, with the most recent at the top.

##### Scheme 1

Name and address of scheme administrator or insurance company	
Type of pension scheme	
Scheme membership <b>start</b> date	
Scheme membership <b>end</b> date	
If a personal or stakeholder pension, please provide policy/scheme number	

##### Scheme 2

Name and address of scheme administrator or insurance company	
Type of pension scheme	
Scheme membership <b>start</b> date	
Scheme membership <b>end</b> date	
If a personal or stakeholder pension, please provide policy/scheme number	

##### Scheme 3

Name and address of scheme administrator or insurance company	
Type of pension scheme	
Scheme membership <b>start</b> date	
Scheme membership <b>end</b> date	
If a personal or stakeholder pension, please provide policy/scheme number	

If you need to provide further scheme information, please do so on a separate sheet ensuring the details above are complete.

## 5. Death grant – expression of wish

I wish the Council, in the exercise of its discretion in the payment of lump-sum death benefits, to consider paying any lump-sum death benefit due under the Pension Scheme Regulations to:

Name	Relationship	Proportion *
		%
		%
		%
		%

Should you wish to nominate additional beneficiaries, please continue on a separate sheet.

\* The total of the proportion of benefits must equal 100%.

## 6. Declaration

To the best of my knowledge and belief the details supplied on this form are accurate and complete.

Date	
Signature	

All information will be treated in strictest confidence.

**Please return the completed form to your payroll provider.**

## Guidance notes

The East Sussex Pension Fund is part of the Local Government Pension Scheme (LGPS). It provides pension benefits for employees of various councils and public authorities across East Sussex. The purpose of this form is for staff of employers who are participating in the East Sussex Pension Fund to let us know whether they want to:

- Join the pension scheme
- transfer other pension rights into the scheme
- nominate a beneficiary on the event of your death.

### **Joining the Local Government Pension Scheme (LGPS) for the first time**

If you are under age 75 and have a contract of employment for a minimum of 3 months, you will become a member of the scheme automatically unless you opt not to do so. Although membership is automatic, it is important that you complete and return this form. You can also elect to join the scheme if you do not have a contract of employment for a minimum of three months.

**Please note that once you have completed 2 years LGPS scheme membership you will qualify for retirement benefits and will not be permitted to claim a refund of contributions.**

### **Opting out of the LGPS**

You may opt to leave the LGPS at any time, although you are recommended to obtain advice before making such a decision. Once you have completed two years scheme membership or have transferred other benefits into the LGPS you will qualify for retirement benefits and will not be permitted to claim a refund of contributions. An opt out form can be obtained from the scheme administrators.

If you opt out, you can re-join the LGPS at any time, but you are required to complete a new LGPS-I form within three months of the date of starting.

### **Rejoining the LGPS**

If you wish to consider combining a previous period of LGPS membership you must elect to do so within 12 months of rejoining the LGPS, or such longer period as your employer may allow. Under certain conditions, membership from a previous employment is automatically aggregated unless you elect to retain separate benefits, again within 12 months of rejoining. The pension scheme administrators will provide you with information to assist you in deciding.

Whether or not you decide to combine LGPS membership periods, your decision will be irrevocable, and you will not be able to change it later.

### **Transferring pension rights from non-LGPS pension schemes**

The LGPS can accept a transfer of pension rights from most pension schemes, and we can investigate this option for you. You will not be committing yourself to anything at this time and full information will be provided to you throughout the transfer process.

You will have 12 months from the date of joining the LGPS, or such longer period as your employer may allow, to decide whether you wish to transfer any previous pension rights.

You should seek independent financial advice on the best course of action to take if you are currently paying into a personal or stakeholder pension arrangement.

## **Death grant - expression of wish**

The rules of the LGPS allow for the payment of lump sums on the death of a scheme member in certain circumstances. Whilst the County Council has absolute discretion as to who to pay such a lump sum to, you can let us know who you would like this paid to. The nominated beneficiary can be a relative, friend, or an organisation such as a club or charity. You can nominate more than one beneficiary. You may revise your nomination at any time by completing Expression of Wish Form DGI.

## **Annual pension benefit statement**

Each year we will provide you with an annual pension benefit statement, setting out a summary of the benefits you have earned in the LGPS.

## **Nomination of Cohabiting Partner for Survivor's Pension-**

The LGPS allows you to nominate a cohabiting partner. **However, to be able to make a nomination, all the following conditions must have applied to both you and your nominated co-habiting partner for a continuous period of at least 2 years on the date you both sign the nomination form:**

- both you and your nominated co-habiting partner are, and have been, free to marry each other or enter into a civil partnership with each other, and
- you and your nominated co-habiting partner have been living together as if you were husband and wife, or civil partners, and
- neither you or your nominated co-habiting partner have been living with someone else as if you/they were husband and wife or civil partners, and
- either your nominated co-habiting partner is financially dependent on you, or you are financially interdependent on each other.

Full details and a nomination form are available online at [www.eastsussexpensionfund.org](http://www.eastsussexpensionfund.org).

Alternatively, you can contact the ESCC Pensions Team at the address shown below.

## **Pensions guidance**

MoneyHelper is here to make your money and pension choices clearer. Here to cut through the complexity, explain what you need to do and how you can do it. Here to put you in control with impartial guidance that is backed by government and to recommend further, trusted support if you need it. For clear money help that is on your side and free to use call 0800 011 3797 or visit [www.moneyhelper.org.uk/en](http://www.moneyhelper.org.uk/en).

## **Further information**

Should you require further information about the Local Government Pension Scheme, please refer to the employee's guide, available online at [www.eastsussexpensionfund.org](http://www.eastsussexpensionfund.org). Alternatively, you may contact the pension scheme administrators, at:

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

Call: 0300 100 1022

Email: [pensions@eastsussex.gov.uk](mailto:pensions@eastsussex.gov.uk)

Please note: Do not send this form to the above address, please send it to your **payroll provider or HR Team**.

**To be completed by the employer:**

Date of joining	
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Please tick next to the relevant option indicated below

<b>OPTION 1</b> - Starter notified on next iConnect file	
<b>OPTION 2</b> - A Starter form (LGPS5A) is accompanied with this form	

Authorising officer signature	
Authorising officer print name	
Telephone number	
Email	
Date	

Once the above is actioned and completed by the employer please forward to the [East Sussex Pension Team](#) along with any additional forms required.