

## South Tyneside Council

Providing pension services for  
Tyne and Wear Pension Fund

**CARE11**

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### Election to Opt into / Rejoin the Local Government Pension Scheme (LGPS)

#### Please use this form if

- You are opting to rejoin the LGPS after previously opting out
- You are making a decision to opt into the LGPS after an earlier decision not to opt into the Scheme
- Your employer has told you that you need to make an election to opt to join the LGPS

#### Your Personal Details (please complete this form in block capitals using **black ink**)

Surname:

First Name(s):

Title: Mr / Mrs / Miss / Ms / Other (please specify)

National Insurance Number:

Date of Birth:

Home Address:

Post Code:

Contact Telephone No:

E-Mail Address:

Employer:

**Note** - If you work for more than one employer, you must complete one form for each employer.

#### Employment Details

Name of post(s) in which you wish to opt into / rejoin membership of the LGPS –

Title of Post 1:

Payroll no. (if known):

Title of Post 2:

Payroll no. (if known):

Title of Post 3:

Payroll no. (if known):

**Declaration:**

I confirm that I wish to

- opt to rejoin the LGPS after previously opting out, or
- opt into the LGPS after an earlier decision not to opt into the Scheme, or
- make an election to join the LGPS,

so that I am building up an entitlement to pension benefits in the LGPS on the first day of the pay period following my election.

If I am eligible to join the LGPS, I will be brought in from the first day of the pay period that follows receipt of my election by my employer.

On joining the LGPS, further information on the Scheme will be provided to me by my employer and by the Fund. However, further information is also available from the Scheme's national website at [www.lgpsmember.org](http://www.lgpsmember.org) or from our website at [www.twpf.info](http://www.twpf.info)

I have read the above and understand that the choices and decisions I make now are important in planning for my retirement.

**Print Name:****Signature:****Date:****Important**

**It is important to fully complete this form. An incomplete form will not be accepted as a valid option and the form will be returned to you for completion.**

**Once completed please return this form to your employer. Do not return it to the Pensions Office as this may delay your form being processed.**

If you would like to know more about the information your employer holds about you please refer to their Data Protection Policy.