**LOCAL GOVERNMENT PENSION SCHEME 2014 – CHANGES TO PENSIONABLE STATUS LGS15B**

|  |  |
| --- | --- |
| **TRUST OR EMPLOYER NAME** |  |
| **NAME OF SCHOOL OR ACADEMY\*** (if applicable) |  |
| **PAY REFERENCE** |  |
| **POST NUMBER** |  |

**Please complete this form using black ink**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | | | |
| SURNAME | |  | | FORENAMES | | |  | | |
| TITLE | | Mr / Mrs / Miss / Ms / Other | | DATE OF BIRTH | | |  | | |
| NI NO | |  | | | | | | | |
| **CHANGE IN PERSONAL DETAILS** | | | | | | | | | |
| **EFFECTIVE DATE OF CHANGE** | | |  | | | | | | |
| **NEW SURNAME** | | |  | | | | | | |
| **PREVIOUS SURNAME** | | |  | | | | | | |
| **NEW ADDRESS** | | |  | | | | | | |
|  | | | | | | **POSTCODE** | |  | |
| **E-MAIL** |  | | | | | | | | |
| **NEW PARTNERSHIP STATUS** | | | Married/Partner (Unmarried)/Civil Partner/Single/Divorced/Widow(er) (please delete) | | | | | | |
| **CHANGE IN CONTRACTURAL HOURS / WEEKS** | | | | | | | | | |
| **EFFECTIVE DATE OF CHANGE** | | |  | | | | | | |
| **NEW CONTRACTUAL HOURS PER WEEK** | | |  | | **NEW FT EQUIVALENT** | | | |  |
| **NEW CONTRACTUAL WEEKS PER YEAR** | | |  | | **TERM-TIME: YES/NO** | | | |  |
| **HOURS PER WEEK BEFORE CHANGE** | | |  | | **WEEKS PER YEAR BEFORE CHANGE** | | | |  |
| **DOES THIS EMPLOYEE HAVE MORE THAN ONE POST? (If yes please supply a separate form if changes apply to more than one post)** | | | | | **YES/NO (please delete)** | | | | |
| **\*NAME OF SCHOOL OR ACADEMY: If you are a trust providing a service on behalf of a school or   academy please provide the name of the school or academy in this box.** | | | | | | | | | |

**MEMBER NAME:** **page 2 of 2**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHANGE IN CONTRIBUTION RATE** | | | | | | | | | | | | | |
| **EFFECTIVE DATE OF CHANGE** | | | | |  | | | | | | | | |
| **NEW EMPLOYEE CONTRIBUTION RATE** | | | | |  | | | | | | | | |
| **PREVIOUS EMPLOYEE CONTRIBUTION RATE** | | | | |  | | | | | | | | |
| This section is to be completed if a member has a change to their employee contribution rate outside of your normal contribution rate assessment period. | | | | | | | | | | | | | |
| **CHANGE IN POST DETAILS** | | | | | | | | | | | | | |
| This section is to be completed if a member has had a change in their post title/reference number. | | | | | | | | | | | | | |
| **EFFECTIVE DATE OF POST CHANGE** | | | |  | | | | | | | | | |
| **NEW PAY REF** |  | | | **NEW POST No** | | | | |  | | | | |
| **NEW JOB TITLE** | | | |  | | | | | | | | | |
| **EFFECTIVE DATE OF CHANGE** | | | | | | | | | | | | | |
| **BREAK IN PENSIONABLE MEMBERSHIP** | | | | | | | | | | | | | |
| **FIRST DAY OF BREAK** | | |  | | | | **LAST DAY OF BREAK** | | | | |  | |
| **REASON FOR BREAK** | | |  | | | | | | | | | | |
| **OPTION TO BUY ‘LOST’ PENSION GIVEN?** | | | | | | **YES/NO** | | | | | | | |
| **NOTES/COMMENTS (add any additional comments here)** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Please e-mail this completed LGS15B to** [**info@berkshirepensions.org.uk**](mailto:info@berkshirepensions.org.uk)  **Please ensure that this form has been signed and dated by an authorised signatory.** | | | | | | | | | | | | | |
| **COMPLETED BY** | | | | | | | | | | | | | |
| **SIGNED** | |  | | | | | | **DATE** | | |  | | |
| **NAME OF AUTHORISED SIGNATORY** | | | |  | | | | | | | | | |
| **POSITION** | |  | | | | | | | | **TEL. NO** | | |  |