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

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| --- | --- |
| **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****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** |  |