

Under three month opt out confirmation



Employer:

Member Details

Full name:

<input type="text"/>	Mr	Mrs	Miss	Ms
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Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode:

Payroll No:

NI No:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date LGPS membership began in this post:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date member opted out:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Gross amount of pension contributions paid: £

Declaration

I confirm that I have refunded the pension contributions paid by the above employee and that I have also corrected the national insurance contributions

or

I confirm that the member did not have any pension contributions deducted from their pay

Employer Details

Completed by:

Signed:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position:

Telephone Number:

Send completed form to: East Riding Pension Fund, PO Box 118, Council Offices, Church Street, Goole, East Riding of Yorkshire, DN14 5BG