

New Starters Form

Local Government Pension Scheme 2013

Employer name:			
Part A (1) – To be completed by employee <ul style="list-style-type: none"> Please enclose your completed expression of wish form (Pen 16) with this documentation. You <u>must</u> provide details of <u>all</u> previous pension schemes in which you have pension rights. If you're interested in transferring (indicating an interest at this stage will not commit you to payment of a transfer) any of these rights to the EAPF, please indicate on the table and complete a 'Pension Transfer Request' form for each provider. If there is insufficient space to provide the information requested, please attach a separate sheet Please provide your work or personal email address. We'll send you information about your pension benefits to your preferred email address. 			
Title: Dr/Mr/Mrs/Miss/Ms/Mx	Name (Block capitals):		
Former name(s):			
Date of birth:		NI Number:	
Home address:			
Preferred email address:		Marital status: (delete as appropriate)	Married / Civil Partner / Single / Cohabiting partner
<u>Check List</u> <ol style="list-style-type: none"> I've read the Guide to the EAPF and understand all the options available to me. I've enclosed a copy of my birth certificate / passport, which has been verified and signed by my manager. I've enclosed my Death Grant Expression of Wish form (Pen 16). I confirm that details of all my previous pension schemes in which I still have rights are detailed in Part A (2) of this form. I understand that an election to transfer any of my previous pension benefits into the EAPF will only be valid if made within 12 months of my date of joining the LGPS. 			
Signed: _____		Date: _____	

General Data Protection Regulation (GDPR)

The Environment Agency Pension Fund (EAPF) is a Data Controller under the General Data Protection Regulations. This means we store, hold and manage your personal data in line with statutory requirements to enable us to provide you with pension administration services. To enable us to carry out our statutory duty, we are required to share your information with certain bodies, but will only do so in limited circumstances. For more information about how we hold your data, who we share it with and what rights you have to request information from the Fund, please visit www.eapf.org.uk/privacy-policy

Please return all forms and certificates to your respective employer below:

Environment Agency employees

Shared Services Connected Limited
HR Services
Moorside
Monks Cross Drive
Huntington
York
YO32 9GZ

Natural Resources Wales (NRW) employees

People Services
Maes Y Ffynnon
Penrhosgarnedd
Bangor
LL57 2DW

Steria employees

HR Helpdesk
420 Thames Valley Park
Reading
Berkshire
RG6 1PU

Part A (2) – Please provide details of all previous pensions that you hold

You must provide details of all previous pension schemes in which you have pension rights. If you're interested in transferring (indicating an interest at this stage will not commit you to payment of a transfer) any of these rights to the EAPF, please indicate on the table and complete a 'Pension Transfer Request' form for each provider.

Name and address of pension fund	Policy number	Date joined	Date left	Are you still contributing?	Are benefits in payment?	Do you wish to investigate a transfer to EAPF?
				YES / NO	YES / NO	YES / NO
				YES / NO	YES / NO	YES / NO
				YES / NO	YES / NO	YES / NO
				YES / NO	YES / NO	YES / NO

Please continue on a separate sheet if you have more than 4 previous pensions.

Pension Transfer Request

If you wish to investigate a transfer of previous pensions into the EAPF, please complete this form and return to your employer (address on previous page).

We'll use this to contact the pension provider and request further information about your previous pension.

If you have benefits with more than one pension provider, please copy this form and send a copy for each pension provider

Name: _____	NI Number: _____
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Name and address of previous pension provider:	

_____	Post Code: _____
Policy Number (where applicable): _____	

I'm a contributing member of the Environment Agency Pension Fund (EAPF) and I'm interested in transferring my pension benefits that you hold into the EAPF.

Please provide Capita with any necessary information, including details of my benefits, to enable me to make an informed decision.

Signed: _____	Date: _____
Print Name: _____	

Part B – To be completed by scheme employer

Scheme employer:		
Surname:	Forename:	NINO:
Date of Birth:	Region (if applicable):	Employee No.

Contribution Rate	%		
	Day	Month	Year
Date member started employment with scheme employer:			
Date member joined / rejoined EAPF:			
Date member started secondary assignment / partial retirement:			
Annual pensionable pay the member is due to receive at the start of employment / partial retirement: (delete as appropriate)	£ (per annum)		
Is the member a VIP? Yes / No (delete as appropriate)			
If member is on a secondary assignment, please tick the appropriate box below: <input type="checkbox"/> Permanent secondary assignment – member in EAPF on both roles (see Pen 7 for details) <input type="checkbox"/> Temporary secondary assignment – member in EAPF on both roles (see Pen 7 for details) <input type="checkbox"/> Permanent secondary assignment – member only in EAPF on second role <input type="checkbox"/> Temporary secondary assignment – member only in EAPF on second role			
For the purpose of calculating any protected final salary benefits that the member may hold, the following information must also be provided and retained by the Scheme employer during the employment of the employee:			
Working Hours: Whole Time / Part Time / Variable (delete as appropriate)			
Whole time weekly hours Hours: in decimals	Part Time weekly hours to be worked Hours: in decimals		
Whole time contractual hours for the job Hours: in decimals	Comments:		
For employer use			
Check List:			
1. Scan and email Pen 1, Pen 16 and all certificates to Capita			
2. Originals to Scheme employer file			
Certification signature: _____ Date: _____			
Telephone number for enquires: _____ Extn: _____			