

Firefighters' Pension
Scheme 2015

Starter Form

Please complete immediately
to protect your benefits

www.lppapensions.co.uk

Notes for Guidance

Welcome to the Firefighters' Pension Scheme 2015.

We have sent you this form in order that you can tell us about any pension rights that you may have with other employers or bodies. Please fill it in now or you could lose out on valuable benefits.

Please read the following notes before completing all sections of this form.

Section A ~ Personal Details

Please provide full and accurate information including your National Insurance number and date of birth. Previous surnames may be required in order to find previous pension rights.

Section B ~ Pension Scheme Election

The Firefighters' Pension Scheme 2015 is a very valuable benefit, and you should think very carefully before deciding whether or not to be a member. Remember, if you decide not to join the pension scheme, you are making a choice which will not only affect your pension rights, but also those of your spouse, children or other dependants in the event of your death.

Section C ~ Previous Pension Rights

It is essential that you let us know about any other pensionable service you may have, a personal pension or any other pension arrangement.

Please give us as much information as possible; if you have copies of correspondence from your previous pension arrangement you may find it easier to forward such copies.

Note

Please note you only have 12 months from the point you join the scheme to transfer any previous pension rights. You will not be given the opportunity to transfer after this period unless your employer allows an extension to this 12-month deadline.

Firefighters' Pension Scheme 2015

Section A ~ PersonalDetails

Employer	<input type="text"/>		
Full name	<input type="text"/>		
Whole time duty system	<input type="text"/>	Retained duty system	<input type="text"/>
Pay ref No.	<input type="text"/>		
Place of work	<input type="text"/>		
Date of appointment	<input type="text"/>		
National Ins. number	<input type="text"/>	Date of birth	<input type="text"/>
Marital status	<input type="text" value="Single/Married/Divorced/Civil Partner/Judicially Separated/Widowed"/> (Please delete as appropriate)		
Previous Surname(s)	<input type="text"/>		

Section B ~ Pension Scheme Election

Under the current Regulations all firefighters are automatically members of the Firefighters' Pension Scheme 2015 unless they elect not to be a member. If you do not wish to be a member please download and complete the opt-out form from the firefighters' section (2015 scheme) of the website: lppapensions.co.uk

Please complete the section over the page in respect of previous pension rights and ensure you sign and date the form before returning it to us via the Contact LPPA form on our website, where you can also find the address to send it to if you wish to return it by post: lppapensions.co.uk/contact/contact-lppa/

Please Turn Over

Section C ~ Previous Pension Rights

It is important that you tell us, in the following section, if you have any previous pension rights that you may be interested in transferring. By filling in this section, you are only stating that you are interested in transferring; a transfer will not actually proceed until you have been given further information.

Remember, transfers can be made not only from other employers' pension schemes, but also from personal pension type schemes.

Previous Pension Scheme Membership

Employing Body Name and Address	Job Title	Period of Employment	
		From	To

Personal Pension Type Policies

Personal Pension Scheme Name and Address	Policy Number/s	Approximate Dates	
		From	To

(Please use additional sheets where necessary.)

Tick this box if you do not have any previous pension rights. **Please see note under Section C.**

Please note that it may be a while before we receive the necessary information from the previous pension arrangement, therefore it may take a little time before we contact you.

I certify that the above particulars are correct and, if details of a transfer value are required from the bodies mentioned above, I give authority for LPPA to request and obtain the necessary information from the appropriate body.

Firefighter's signature

Date