The Pension that comes with my job

1.	Please complete this section in block capitals
Surna	me: Mr / Mrs / Ms / Miss
First r	names:
Natio	nal Insurance number: Date of birth:
	al Status: Single / Married / Civil Partnership / Cohabiting Partnership / Divorced / Widowed (Please circle as appropriate) relevant to above status: (e.g. date of marriage)
Maide	en name: Date of birth of your spouse/partner:
Full n <i>If ava</i>	ame of your spouse/partner: ilable, please attach certificates (or photocopies) to verify your personal details as stated above.
Home	address:
When	will you/did you start your job?:
What	is your job?:
Wher	e is your place of work/work base?:
Do yo	ou also work for your employer in another job?

2. Now answer these questions about local government employment and past membership of the Local Government Pension Scheme

Have you previously worked in local government or for an employer		
who participated in the Local Government Pension Scheme?	YES	NO

If your answer is yes, provide details below.

Name of employer	Your job title	Date on which you joined	Date on which you left	Did you pay pension contributions?

Please note - You should attach to this form copies of any notifications previously given to you in relation to membership of the Local Government Pension Scheme.

Are you receiving a pension in respect of previous membership of		
the Local Government Pension Scheme?	YES	NO NO



3. Now answer these questions about other pension rights

Do you have, or have you ever had, any personal pension rights?	YES	NO	
Have you previously been a member of another employer's pension scheme outside of local government?	YES	NO	
Do you wish to consider transferring any personal pension rights or previous rights in another employer's scheme on the basis that you are supplied with further information before you make a final decision?	YES	NO	N/A

If your answer is yes, provide details below

Name of Pension Scheme	Address of administration department	Policy or reference number

If the above details relate to an employer's pension scheme, answer the following questions :

Where did you work?	·
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Dates of employment	
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Please note - If you have indicated that you wish to consider transferring pension rights, a letter of authority should be attached when you return this form which must include any policy numbers. This letter is to authorise your former pension provider to release details of your pension rights to the Isle of Wight Council.

Providing information to the pensions office

Your employer is required to ask you to complete this form in order that your entitlement to count a previous period of membership of the Local Government Pension Scheme can be established. It is most important that you supply full and accurate information as any omission or inaccuracy may prejudice your rights.

If you are in any doubt as to how to complete this form, please contact the staff in the council's pensions office at County Hall, Newport. The telephone number is 823626.

Please complete and return this form to

Pensions Office Isle of Wight Council Room 208, County Hall NEWPORT Isle of Wight P030 1 UD