

Election to switch to the 50/50 section of the Local Government Pension Scheme (LGPS)

Personal details

Name.....	Date of Birth	<input type="text"/>					
National Insurance number	<input type="text"/>						
Email							
Employer.....							
Payroll number.....				Job Title			

Election

By signing this form I am making an election to **switch** to the 50/50 section and understand I will pay half the contributions and receive half the pension benefit.

Read carefully before signing

- ✓ I elect to contribute to the 50/50 section from the beginning of the next available pay period.
- ✓ I understand I can elect to switch back to the main section at any time.
- ✓ I am aware that any Additional Pension Contributions (APC) I am paying will have to cease unless the APC relates to the payment of lost pension.
- ✓ I understand electing for the 50/50 section means I will pay half the normal contribution rate but I will retain full death benefits and ill health enhancements.
- ✓ I confirm this form is in relation to **only one** ongoing pensionable employment (A separate form will be required for any other employment)
- ✓ I understand the 50/50 section is a temporary arrangement and therefore my employer will be required to place me back in the main section if I meet certain conditions. (Refer to website for further information)

This election must be returned to your employer for your pension contributions to be adjusted.

Signed.....Dated.....

"Data Protection Act 1998: Personal information contained on this form will be held on computer files and/or relevant filing systems for the purpose of administering the Local Government Pensions Scheme. This information will only be shared with third parties for the purpose of providing the appropriate service or meeting legislative requirements"

A separate form must be used for each individual contract of employment you wish to switch.

Please visit our website www.essexpensionfund.co.uk for further information. You will also find important information at www.lgps2014.org

To be completed by the Employer when contributions adjusted

The date the member's reduced contributions have been applied from	<input type="text"/>				
Print name.....	Signed				