

Local Government Pension Scheme
Buying Pension Lost Due to Absence

ABSENCE1

Before using the online calculator to obtain a quote for buying back lost pension, you must first obtain a written statement from your employer. You should complete Section 1 and 2 and then forward this form to your employer's payroll provider, who will supply the relevant information in Section 3, to enable you to obtain a quote using the online calculator and complete the application form.

Please print this form and complete in BLOCK CAPITALS.

Section 1 Personal Details

Surname: _____ Title: _____
 Forenames: _____ Previous Surname(s): _____
 Address: _____

 Post Code: _____ Date of Birth*: _____
 Home Email Address: _____ National Insurance No: _____
 Home Phone No: _____ Work Phone No: _____
 Employer: _____ Pay Reference: _____
 Job Title: _____ Unique Pay Reference: _____

Section 2 Details of Absence

Period of absence: from ____ / ____ / ____ to ____ / ____ / ____

Please note that if you wish to buy back lost pension resulting from leave of absence (other than due to trade dispute), your employer will pay 2/3rds of the cost, provided you make an election to do so within 30 days of returning to work after the period of absence. If you make an election after 30 days, you can still buy back the amount of lost pension, but it will be at the whole cost to you (unless your employer chooses to contribute towards the cost).

Please note that if leave of absence is in respect of additional unpaid child related leave and you choose not to return to work, the election to buy back the amount of lost pension must be made before you leave.

Buying back lost pension following a trade dispute would be at full cost to the member.

Section 3 Employer Confirmation of Details of Absence

Period of absence: from ____ / ____ / ____ to ____ / ____ / ____

Total assumed pensionable pay lost during period of absence: £ _____

Reason for absence: Trade Dispute / Authorised Unpaid Leave / Additional Unpaid Child Related Leave *

Section of Scheme: Main Section 50/50 Section

* Please delete as applicable.

Section 4 Employer's Declaration

I confirm that the details provided in this form are complete and correct.

Name: _____ Designation: _____

Contact Phone No: _____

Signed: _____ Date: _____

This information can be made available in other languages and formats upon request such as Braille, large print and audio cassette. Please phone (01604) 366537 for further information.