



ELECTION TO PAY ADDITIONAL PENSION CONTRIBUTIONS Lost Pension

If you have taken unpaid Child-Related Leave, Authorised Absence or Absence due to a Trade Dispute and wish to pay Additional Pension Contributions to cover the loss of pension, please get a quotation for cost from https://lgpsmember.org and complete page 1 of this form then send it to your employer's payroll provider, together with a copy of your quotation.

Personal Details

Surname Forename(s) National Insurance Number Date of Birth Address Scheme Employer Job Title

Details Of Election

This information can be found on the documentation you have obtained from https://lgpsmember.org

Reason for Absence: [] Child-Related Absence; [] Maternity; [] Adoption; [] Paternity [] Authorised Absence [] Absence due to a Trade Dispute

Annual Pension Lost During Absence: £ a year

[] Monthly Payments

Gross Regular Cost buy lost pension: £ a month

Cost to Employer buy lost pension: £ a month

Regular Cost to member before Tax Relief buy lost pension: £ a month

I wish to pay the additional contributions for the period to [dates] If this period is longer than 12 months, I also enclose a completed Medical Clearance form

[] Lump Sum Payment

The additional one-off contribution amount required is: £ lump sum

[] I authorise Staffordshire Pension Fund to issue an invoice for the amount due; or [] I wish for the lump sum to be deducted from my next salary payment (this will only be possible if your next salary payment will be large enough to cover the full amount of the lump sum APC cost)

Signed Date

To be completed by the Employer

- Child-Related Absence: Maternity; Adoption; Paternity
- Authorised Absence

Paid to

Unpaid to

- Split Cost recovery (1/3rd employee, 2/3rd employer)
- Full Cost Recovery (full cost to employee) – election more than 30 days after end of absence

Absence due to Trade Dispute

..... to

Additional Pension on quotation and election has been checked

Medical Clearance (Form APC 3) received where necessary

Certified Correct

Signed Date

Designation

Contact Details

To be completed by the Payroll Provider

Regular deductions of £..... per month will be taken for the period
..... to

Lump sum deduction of £..... has been taken from the pay for the month
of

Certified Correct

Signed Date

Designation

Contact Details

Once fully completed, please forward to Staffordshire Pension Fund with a copy of the quotation from the LGA website.