



**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 www.lgps2014.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
Employing Body
Nature of Employment
Address for correspondence
.....

Details Of Election

This information can be found on the documentation you have obtained from www.lgps2014.org

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

The amount of additional pension that I wish to buy is: £ a year
 Monthly Payments

The additional monthly pension contributions required are: £ 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
 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

Ordinary:

Paid to

Unpaid to

Additional:

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

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

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