

## LOCAL GOVERNMENT PENSION SCHEME

### ELECTION TO JOIN – MAIN SCHEME

If you would like to join the Scheme, complete the details below and then return this form to your Employer's payroll department. Please note that membership cannot commence until the first day of the pay period following receipt of your election.

#### ELECTION TO JOIN THE LOCAL GOVERNMENT PENSION SCHEME

*Please complete the following in BLOCK CAPITALS*

Surname ..... First name(s) .....

Previous surname(s), e.g. maiden name (if applicable) .....

Date of birth ..... National Ins. No. ....

Home address .....

Employer .....

Employment (e.g. job title) .....

Place of employment .....

Date of appointment .....

**I wish to join the Local Government Pension Scheme. Please accept this as my election to join.**

Signed ..... Date .....

**When completed, both pages of this form should be returned directly to your employer's payroll department.**

The Staffordshire Pension Fund website contains extensive information about the pension scheme, however if you would like further assistance please feel free to contact us:



pensions.enquiries@staffordshire.gov.uk



01785 278222

**FOR OFFICE USE ONLY**

To be completed by the employer before sending to Pension Services.

Please tick the relevant boxes:

I confirm that pension deductions have been made from ..... (this should be from the first day of the month following the date of election)

I enclose a copy of the Starters Form (PEN APT 1)

Name .....

Job Title .....

Signed ..... Date .....  
On behalf of the employer