

Hereford & Worcester Fire and Rescue Authority

FIREFIGHTERS' PENSION SCHEME 2015

STARTER FORM

You will be automatically admitted as a member of the Firefighters' Pension Scheme 2015. You need to complete this form and return it to the Payroll Department.

If you need any help please contact the Pension Section on 01905 846527

Once you have been a member for 3 months or more you qualify for pension benefits and a refund of contributions will not then be payable

Surname Mr Mrs Miss Ms

Forenames

Date of Birth

National Insurance Number.....

Marital Status: **Single** **Married** Date **Divorced** Date

Civil Partnership Date **Widowed** Date

Home Address

.....

IF YOU HAVE PREVIOUSLY BEEN A MEMBER OF A PENSION SCHEME, PLEASE GIVE DETAILS:

EMPLOYER	PERIOD OF SERVICE: FROM – TO:	OCCUPATIONAL PENSION SCHEME?	CONTRIBUTIONS REFUNDED?	PERSONAL PENSION SCHEME?

If you have previous pension benefits and wish to investigate transferring them to the Firefighters' Pension Scheme 2015 please complete the reverse of this form

I certify that the information given on this form is correct to the best of my knowledge and belief.

DATE: **SIGNED:**

Completion of this form will ensure that a complete and correct pension record is held for you.

To be completed by Hereford and Worcester Fire and Rescue Authority

Pay No N.I.No N.I. Rate

Date of Appointment Date admitted to FFPS 2015

Salary Retained or Whole Time

Signed Payroll

**TRANSFERABILITY OF PENSION RIGHTS BETWEEN THE
FIREFIGHTERS' PENSION SCHEME 2015 AND OTHER PENSION SCHEMES**

Do you wish me to investigate the transfer of pension rights from the pension scheme maintained by your previous employer/personal pension plan?

YES

NO

Full Name

Signature:

Address:
.....
.....

If **YES**, please complete ONE of the following:

****** I have previously been a member of an Occupational Pension Scheme operated by my employer as follows:

Previous Employment:

Previous Employer's Name:

Previous Employer's Address:
.....
.....

Dates employed: From To

Reference/Service No (if known)

****** I have previously contributed to a Personal Pension Plan as follows:

Name of Pension Provider:

Address of Provider:
.....

Policy/Plan Number

I hereby give permission for information in connection with this transfer request to be disclosed to my current employer – Hereford and Worcester Fire and Rescue Authority.

Signed:

Date:

****** Delete if not applicable