

LOCAL GOVERNMENT PENSION SCHEME (LGPS) REGULATIONS

NEW EMPLOYEE DETAILS

Please complete in B Employee Details	LOCK CAPITALS, and to be accompanied b			Team at L B Redbridge.
Name of Employer / School		y the comerc	орион го	
Surname			Title	
Forenames			Gender	
Date of Birth	11		Marital Status	
National Insurance Number				
Address				
Post Details				
Job Title				
Date Employment Commenced	//	Date joined different)	LGPS (if	//
Actual Hours worked per week		Contractual a full time er		
Weeks worked (or paid for) per year				
Contribution and Pa	y Details			
Contribution rate		% Actual Pensiona	ble Pay	£
Whole time equivalent pay if part time, including any other contractual elements of pay such as pensionable bonus or overtime etc.				

Please enclose the completed Joiners Option form with this document.

Signed	Date
Name	Tel No.
Job Title	Employer/school

Please return the form to: Pensions Team, L B Redbridge, 255 – 259 High Road, Ilford, Essex, IG1 1NN