

Notice to opt out of pension saving Opting out of the Local Government Pension Scheme in England or Wales



The Local Government Pension Scheme (LGPS) allows you to save while you are working in order to enjoy a pension once you retire. It is one of the best occupational pension schemes in the UK. What's more, the LGPS is provided by your employer who meets a large part of the cost of providing the excellent range of secure benefits, so it's an extremely valuable and important part of your employment package.

You might be thinking of opting out of the LGPS for a variety of reasons. Whatever the reason, it's worth taking some time to look at the benefits you could be giving up. A brief summary of these is included in the "Declaration" section of this form.

Opting out won't save you as much in take home pay as you may think. In most cases, you will pay more tax and National Insurance if you opt out of the LGPS. A basic rate tax payer paying pension contributions of £100 a month will pay £20 more tax and their NI will go up by about the same if they opt out.

If you want to know more about the costs and benefits of being a member of the Local Government Pension Scheme please contact our office or visit our website, details overleaf.

Whatever your reasons for considering opting out of the scheme, we ask that you give this matter careful consideration before making a final decision. You may wish to take financial advice before making a decision to opt out. If you are opting out of the LGPS due to advice you have received you should ask for this advice in writing.

Your employer cannot ask you or force you to opt out. If you are asked or forced to opt out you can tell The Pensions Regulator - see www.thepensionsregulator.gov.uk.

Equally, no one can force you to remain a member of the scheme but, if you elect not to be a member, you should understand the implications both for you and your dependants.



Notes:

1. You can only sign and date this opt out form once you have commenced employment in the post from which you wish to opt out of membership of the LGPS. You cannot sign and date the form before then as it will be treated as an invalid opt out.
2. The completed opt out form should be returned to your employer's Human Resource department.
3. If you have previous pension rights in the LGPS, either deferred or a frozen refund, or hold a concurrent local government employment on which you are a scheme member, or have been awarded a LGPS pension credit, or you are in receipt of a LGPS pension, payment of a refund of pension contributions will wipe out these benefits.
4. If you have another job with another employer, that employer might also put you into pension saving, now or in the future. This opt out notice only opts you out of LGPS pension saving in relation to the employer and jobs you have named on this form. A separate opt out notice must be filled out and given to any other employer you work for if you wish to opt out of pension saving with that employer as well. You will need to obtain the opt out form for employment with that employer from the pension administrators for the scheme provided by that employer.
5. If you opt out of the LGPS before completing three months membership you will be treated as never having been a member and will receive a refund of any contributions deducted from your pay minus any deductions for tax and the cost of buying you back into the State Second Pension Scheme (S2P).
If you opt out after 3 months but before two years then you may be entitled to a refund as long as you have not done any of the following:
 - Spent 2 years as an active member of this scheme
 - Brought in a transfer from a different occupational scheme or European Pensions Institution and the length of service in respect of benefits in that scheme was two or more years
 - Brought in a transfer from a different occupational scheme or European Pensions Institution and the aggregated service in respect of the benefits with them and your service in this pension scheme is 2 years or more
 - Brought in a transfer in respect of rights accrued in a scheme or arrangement that does not permit a refund of contributions to the member
 - Paid National Insurance contributions whilst an active member and ceases active membership after the end of the tax year preceding that in which you attain pensionable age (60 for a female or 65 for a male with a GMP, or in any other case State Pension Age)
 - You already hold a deferred benefit or are in receipt of a pension from

Notes:

the LGPS in England or Wales (other than a survivors pension or pension credit members pension)

- If you cease active membership at age 75
- If you rejoin the scheme within a month and a day

If you opt out after two years you will be entitled to a deferred pension benefit in the LGPS which, unless you transfer the benefits to another pension scheme, would normally be payable from your State Pension Age (or from age 55 at your choice).

6. If you decide to opt out of membership of the LGPS and subsequently change your mind you will be able to rejoin the scheme provided you are under age 75 and you remain in an employment that qualifies you for membership of the scheme. You will need to write to your employer if you want to opt back into the scheme.
7. If you stay opted out your employer will normally automatically put you back into the LGPS approximately three years from the date they have to comply with the automatic enrolment provisions of the Pensions Act 2008. You will, however, again be entitled at that time to opt out of membership of the scheme.
8. If you change employer your new employer will normally put you back into pension saving straight away.

Issued by: Treasury & Pensions Group,
Warwickshire County Council, PO Box 3 Shire Hall, Warwick CV34 4RH.
www.warwickshire.gov.uk/pensions

Your Pension Details (please complete this form in black ink)

Surname:

First name(s):

Title: Mr./Mrs./Miss/Ms/Other (please specify)

Your Address:

Post code:

Your national insurance number:

Your date of birth:

Your employers name:

Name of post (or posts) from which you wish to opt out of membership of the LGPS:

Job title - Post 1

Assignment number for the job (if known)

Job title - Post 2

Assignment number for the job (if known)

Job title - Post 3

Assignment number for the job (if known)

Job title - Post 4

Assignment number for the job (if known)

Declaration:

I declare that by opting out of the Local Government Pension Scheme (LGPS) I am knowingly giving up the opportunity to participate in the LGPS which would provide a guaranteed package of benefits which are backed by law including:

- * **a secure pension** – payable for life that increases with the cost of living
- * **tax free cash** – the option to exchange part of my pension for some tax-free cash at retirement
- * **voluntary early retirement** - from age 55 (even though the scheme’s normal pension age is 65). Benefits drawn before normal age may be reduced for early payment.
- * **serious ill-health cover** – if I have to retire due to a serious illness I could receive immediate benefits based on an enhanced period of scheme membership
- * **redundancy cover** – with the early payment of pension benefits if I am made redundant or retired on business efficiency grounds at 55 or over
- * **life cover** – with a lump sum of three times my final pay if I die in service
- * **cover for my family upon my death** – including a survivor’s pension for my husband, wife, civil partner or nominated cohabiting partner as well as children’s pensions

I have read the above and understand that the choices I make now are important in planning for my retirement. I confirm that I wish to opt out of pension saving in the post(s) I have indicated on this form.

I understand that if I opt out **I will lose the right to pension contributions from my employer.**

I understand that if I opt out I may have a lower income when I retire.

Signed:

Date:

Notes:

1. Please see the notes regarding when you can sign, date and return this form.
2. It is important to fully complete this form. An incomplete form will not be accepted as a valid opt out and the form will be returned to you for completion.

For office use only

Form validated Name _____ Date _____

Refund processed Date _____

Opted out effective from Date _____

Contributions refunded Yes (tick box) No (tick box)

Month refunded Month _____