

LOCAL GOVERNMENT PENSION SCHEME
WARWICKSHIRE PENSION FUND

Details of new entrant to the Pension Scheme
to be completed by the employer

Name of Employer: Click here to enter text.

Title: Click here to enter text. **Surname:** Click here to enter text.

Forenames: Click here to enter text.

National Insurance Number : Choose an item. **Date of Birth:** Click here to enter text.

Date employment commenced: Click here to enter text.

Date entered Scheme (contributions from) Click here to enter text.

Job Title: Click here to enter text.

Payroll number: Click here to enter text.

Job Ref number: Click here to enter text. (*see below)

Contribution Rate: Select contribution rate

Actual Rate of Pay £Click here to enter text.per annum

Full time equivalent pay £Click here to enter text. (**see below)

Weekly hours worked Click here to enter text.

Full Time weekly hours for this employment Click here to enter text.

Number of paid weeks per year Click here to enter text.

Member Address Click here to enter text.

Date _____ Signature _____

*For people with multiple jobs we have to be able to easily identify each individual role. If the Payroll number has to stay the same for your payroll then a unique Job Reference number should be allocated on your payroll somewhere to identify individual roles please.

** The full time equivalent salary is the salary which would be received if the employee was working full time for the number of paid weeks. This applies to all members who may have service in the pension scheme prior to 1st April 2014

Return completed form to: pensions@warwickshire.gov.uk