

**FALKIRK COUNCIL PENSION FUND
LOCAL GOVERNMENT PENSION SCHEME
NEW SCHEME MEMBER NOTIFICATION**

Form S1

Please complete this form in respect of an employee you have enrolled in the LGPS.

Please **do not enrol** any of the following employees in the LGPS:

- a) any employee who is age 75 or over on starting of employment;
- b) any employee with a contract for less than 3 months unless the employee elects to join the scheme or due to them being an eligible jobholder, you have decided to auto enrol them;
- c) any employee who can join the Police, Firefighters' or Teachers' Pension Schemes;
- d) any admission body employee not nominated by their employer; or
- e) any employee of a non-scheme employer.

Please ensure that, in the case of an employee opting to join the scheme:

- the employee becomes a member on the first day of the first pay period following the election to join; and
- a copy of the employee's opt in form is attached to this form

Member's Details

Title: _____

First Name _____

Known As
(if different) _____

Middle Name(s) _____

Surname _____

Address _____

Post Code _____

Email _____

Date of Birth _____

Employee's Date of Birth has been Verified? Yes No

NI Number _____

Marital Status _____

Gender _____

The entries in this section must match those on the employee's payroll record.
It is understood that for RTI (Real Time Information), HMRC require employers to use the employee's names as shown on their birth certificate and that initials are not acceptable.

This can be a personal or workplace address.

Employment Details

Employer _____

Department _____

Designation/Post/Job _____

Payroll Number _____

Post No./Job identifier _____

Date Started Employment _____

This can be used to uniquely identify the person's post/job.

This is date the employee started this employment and would usually be the date of entry to the LGPS.

1. The employee has a contract of employment for 3 or more months: Yes No

2. The employment is a) Full-time (i.e. employed in a full-time capacity)
 or
 b) Part-time (i.e. not employed in a full-time capacity)

3. If "Part-time", the working hours will: a) be fixed or follow a cyclical pattern
 or
 b) fluctuate with no set pattern

4. Contractual Hours and Weeks

- a) the contractual hours per week in respect of which pension contributions will be paid in this post
- b) the equivalent Full-time weekly hours for this post
- c) the contractual weeks per year in respect of which pension contributions will be paid in this post
- d) the percentage of Full-time [(a / b) times (c / 52) times 100] - cannot exceed 100.00

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5. Is the employee already paying LGPS contributions with you in another employment? Yes No

6. The date from which the employee has joined the LGPS in this post (dd/mm/yyyy) _____

7. The rate of pension scheme contribution (must be between 5.5% and 12% and determined in accordance with the Statutory Guidance on Tiered Contributions issued by Scottish Ministers) _____

8. The NI Contribution Category (must be C, D or E) _____

9. The Annual Full-time Rate of Pensionable Pay (Please give the employee's annual full-time equivalent rate of pensionable pay. This will be the same as the pay used to determine the employee's contribution rate (7. above) and will include all pensionable pay elements as calculated per SPPA guidance. If the employee is a term-time employee please do not pro-rate the value based on the number of weeks.

a) does the annual rate include an estimated amount? Yes No

Notes

The person signing this form is certifying that, to the best of their knowledge, the information provided above is accurate and correct.

Please send the completed form to the Pensions Section, Falkirk Council.

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| Completed By: | Designation: |
| Email: | Telephone No: |
| Signed: | Dated: |