

FALKIRK COUNCIL PENSION FUND
LOCAL GOVERNMENT PENSION SCHEME
NEW SCHEME MEMBER/ NEW POST NOTIFICATION

Form S1

Please **complete this form** to advise us of new members, those opting in, existing members starting an additional post and employees continuing after flexible retirement. S1 form not required from i-connect employers. This form should not be used for change of post, secondment or return to substantive post in which case S4A (Notification of Post Change) should be used.

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: _____

Forename _____

Surname _____

Address _____

Post Code _____

Date of Birth _____ (If not verified please notify us)

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.

Employment Details

Employer _____

Department _____

Designation/Post/Job _____

Payroll Number _____

Post No./Job identifier _____

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

Date Started This Employment _____

This is date the employee started this employment.

- 1. The employment is**
- a) Full-time** (i.e. employed in a full-time capacity for 52 weeks) Don't complete section 2 go to section 3.
 - b) Part-time** (i.e. not employed in a full-time capacity but with guaranteed hours and working hours are fixed or follow a cyclical pattern) Complete section 2
 - c) Part-time Casual** (i.e. not employed in a full-time capacity and has working hours with no set pattern i.e. casual) Don't complete section 2 go to section 3.

2. 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) full – time equivalent weeks (generally 52 weeks)
- e) the percentage of full-time [(a/b) times (c/d) times 100] – cannot exceed 100.00 %

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

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

5. The Annual Full-time Rate of Pensionable Pay (Please give the employee's annual full-time equivalent rate of pensionable pay. This will include all pensionable pay elements as calculated per SPPA guidance. If the employee is a part-time or term-time employee please do not pro-rate the value based on the number of weeks i.e. this should be their pensionable pay if they were to work full-time.) _____

6. The rate of pension scheme contribution (must be between 5.5% (or 2.75% for 50/50) and 12% and determined in accordance with the Statutory Guidance on Tiered Contributions issued by Scottish Ministers) Please note the rate should be determined based on projected actual earnings and not the annual full-time rate of pay. _____

7. Actual Rate of Pay (Please give the employee's actual rate of pensionable pay i.e. pro-rate based on the number of weeks and hours worked. This rate of pay should be the one used when calculating the employee contributions rate in 6. above.) _____

Notes

The person signing this form is certifying that, to the best of their knowledge, the information provided above is accurate and correct. *The information provided on this form is shared with Falkirk Council so that member rights under the Local Government Pension Scheme can be properly administered. From time to time, Falkirk Council may need to share this information with other bodies, but it will only do so where this is consistent with its statutory duty to administer member rights. Further details are provided in the Pension Fund's Privacy Notice which can be found at www.falkirkpensionfund.org.*

Completed By:	Designation:
Signed:	Dated: