

Election to join the Local Government Pension Scheme (LGPS)



Your employer will normally automatically enrol you as a member of the LGPS when you start local government employment. However, there are some exceptions. Please check with your employer if you are eligible to join the LGPS before completing this form. **Please send this form to your employer's Payroll or Human Resources Department once you have completed it in full.**

(All fields marked* must be completed)

Section 1 Your Personal Details

Employer*	<input type="text"/>		
Title* (Mr/Mrs/Miss/Ms)	<input type="text"/>	Forename(s)* <input type="text"/>	Surname* <input type="text"/>
Date of Birth*	<input type="text"/>	National Insurance Number*	<input type="text"/>
Address*	<input type="text"/>		
	Post Code* <input type="text"/>		
Telephone*	<input type="text"/>	Email (Home or Work)*	<input type="text"/>

Section 2 Your Employment Details

If you have more than one job, you can elect to join the Local Government Pension Scheme (LGPS) in one, some or all of these jobs. Please can you only provide details below of the particular job(s) in which you **do** wish to join the LGPS.

	Job Title	Hours worked	Payroll Number (if known)
Job 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3 Your Declaration

I confirm that I wish to join the LGPS in the job(s) that I have indicated in Section 2 of this form. I authorise my employer to deduct pension contributions from my pay in the job(s) that I have indicated in Section 2 of this form.

Signature*	<input type="text"/>	Date*	<input type="text"/>
------------	----------------------	-------	----------------------

For Official Use

(Employers should retain for their records)

Form received by HR/Payroll Services	Date	<input type="text"/>	Initials	<input type="text"/>
Form LGP1 New Member Notification issued to the Fund	Date	<input type="text"/>	Initials	<input type="text"/>