## Powys County Council Pension Fund Local Government Pension Scheme Notification of New Pensionable Employee

Please use this form to notify us of a New Pensionable Employee who has automatically been brought into the Local Government Pensions Scheme or has opted into the scheme after a previous period of non-membership. Please complete and return immediately after the member joins the scheme.

You should complete one form for each employment.

Member's Personal Details								
Title:		Full Name:						
Home Address:								
					Pos	st Code:		
Tel Number:					Date of Birth:			
Email:		·			NI	Number:		
Marital / 0	Civil Status:	Single / Married / in a Civil Partnership / Divorced / Widowed / Surviving Civil Partner / Cohabitating Partner						
Member's Position/Employment Details								
Employer								
Job Title:								
Pay Number:		Date Co			Comm	nmenced Post:		
Date Joined Scheme (in this post):			Basis (delet appropriate)			Full Time / Part Time / Variable time / Casual		
Annual Po		lary on date joined scheme: ent pay)				£		
Number of Contracted Hours per week:								
Number of Full Time Equivalent Hours per week:								
If term time role, state no of weeks worked per year:								
Contribution Rate (As determined by the Contribution Banding Tables)				tion				
Completed By: Position Held:								
Complete	ed By:	Posit			ositioi	n Held:		
Signed:		Date:			ate:			

<u>Please return the completed form to</u>: Pensions Section, Powys County Council, County Hall, Llandrindod Wells, Powys, LD1 5LG or email to pensions@powys.gov.uk



