OPT IN FORM POLICE PENSION SCHEME 2015 (PPS 2015)

If you want to opt into the PPS 2015 (Pension Saving), complete this form and send it to the Pensions Office, Guildhall.

It is important to fully complete all details.

Please complete all sections of the form in BLOCK CAPITALS and in **BLACK** ink.

Your Per	sonal	Details					
Surname						Title	
Forename(s)				Date of B		of Birth	
National Insurance Number							
Personal email address (optional)							
Rank				Warr	ant Numbe	er	
NB. A sepa	arate el	ection form must	t be completed for each p	ost in	which yo	u wish to	opt into the
pension co	ontribut f emplo	ions commence yment if signed t	per of the Police Pension from the pay period follo before the above employ ndergo a medical exami	wing ment	the date o begins).	f this elec	ction (or my
		for ill health ben	•			,	
SIGNATU	RE				DATE		

Now return the completed form to The Pensions Office, Guildhall

If you want to know more about the costs and benefits of being a member of the PPS 2015 please read the Member's Guide at https://www.gov.uk/government/publications/the-police-pensions-scheme-2015-members-guide