## OPT IN FORM POLICE PENSION SCHEME

If you want to opt into the Police Pension Scheme (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 Personal Details

Surname		Ti	tle
Forename(s)		Date of Bir	th
National Insu	rance Number		
Personal ema	ail address (optional)		
Rank		Warrant Number	
NB. A sepa scheme.	rate election form must	d for each post in which you wish	to opt into the

I confirm that I wish to be a member of the Police Pension Scheme and request that pension contributions commence from the pay period following the date of this election (or my first day of employment if signed before the above employment begins).

I understand that I may need to undergo a medical examination at my own expense to determine if I will be eligible for ill health benefits.

SIGNATURE

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 Police Pension Scheme please read the Member's Guide at

https://www.gov.uk/government/publications/the-police-pensions-scheme-2015-members-

<u>guide</u>