

Opt-out Notice

Opting out of the Local Government Pension Scheme (Northern Ireland)

Section B – Monitoring

To be returned directly to NILGOSC

In order to identify reasons why employees decide to opt out of the Scheme, it would be helpful if you could complete the following questions and return Sections B and C directly to NILGOSC. The information you give us will be used to improve our communications and help us to understand what members feel is important.

Please note you will not be identified through the information provided. You may however leave blank any question you do not wish to answer.

Please tell us the name of your employer					
Under the following categories, please tick any or a Why have you decided to opt out of the scheme					
I have made other financial plans or pension arrangements to cover income for retirement and protection for my family. I no longer wish to contribute a percentage of my pay towards a pension. I do not think that the scheme benefits meet my needs. I would prefer to contribute to a scheme where the benefits are for myself only and do not include dependants' benefits.	I am employed on a short-term contract. I do not plan to stay in Local Government employment. I do not understand the literature for this pension scheme. I do not understand pensions in general. I do not know how secure/safe pensions are. The rules on pensions keep changing.				
I cannot afford the contributions (e.g. job is not well paid, other financial commitments). I do not think it is worth my while paying in.	I am already in the scheme for other jobs. Other (please specify)				
I think it is too expensive or not good value for money.					
It is too early/late for me to think about pensions.					

NILGOSC, Templeton House, 411 Holywood Road, Belfast, BT4 2LP Tel: 0345 3197 325



Section B continued

Woı	uld you con	sider rejoining the	Scheme at	t a later d	ate, if (given the	optior	n?	
	Yes	If yes, after how long	g? 1	Month	6	Month		1 Year	
	No		3	Years	5	Years		Longer than 5 Yea	ırs
-	u have ticke further inforr	d any of the boxes a mation.	bove, pleas	e use the	box be	low if you	wish to	add add	
_									
Cur	rent workin	g hours							
	Whole-time	e Multi-job	ber						
	Part-time	Please state	number of h	ours work	ed per	week			
Plea	ase indicate	which range your	annual pay	, falls into)				
	Less than £	210,000	£10,000	to £14,99	9		£15,00	00 to £20,999	
	£21,000 to	£29,999	£30,000) to £39,99	99		£40,00	00 to £49,999	
	£50,000 or	OVer							



Section C – Equality

NILGOSC is fully committed to fulfilling its responsibilities under Section 75 of the Northern Ireland Act. As part of that commitment, we strive to ensure membership of the LGPS (NI) is made available to all persons who are eligible to join and to address inequalities (if any) that impact on our members or potential members.

In order to identify and address any potential inequalities, we are seeking to gather some information about those who have elected to opt out of the Scheme. We would therefore appreciate if you would complete the following questions.

Please note, this section of the form will not be seen by your employer and you will not be identified through the information provided. You may however leave blank any question you do not wish to answer.

a) Gender		
Male Female	Transgender Not lis	sted
b) Age		
16-21 22-30	31-40 41-50	51-60 61-64 65+
c) Community Background		
Buddhist	Muslim	Sikh
Hindu	Protestant	Other (please specify)
Jewish	Roman Catholic	
d) Race		
Bangladeshi	Irish Traveller	White
Black African	Mixed Ethnic Group	Other (please specify)
Black Caribbean	Other Asian Background	
Chinese	Other Black Background	
Indian	Pakistani	



Section C continued					
e) Language					
Is English your first language?	Yes No				
If 'no', what is your first language (please specify)?					
Are you able to communicate in English?	Yes No				
f) Disability					
Disability is defined in the Disability Discrimination Act 1995 as 'a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities'. The effect of the impairment is classed as long-term if; (a) it has lasted at least 12 months; or (b) the period for which it lasts is likely to be at least 12 months; or (c) it is likely to last for the rest of the individual's life. Please note that it is the effect of the impairment without treatment which determines whether an individual meets this definition.					
Do you consider yourself to be disabled?	Yes No				
If yes, what is the nature of your disability?					
g) Marital status					
Cohabiting Married/ Civil Partnered Widowed	Single Separated/ Divorced				
h) Dependants					
Do you have dependants?	Yes No				
If yes, please indicate whether your dependants or the people you look after are:					
Child/children Disabled person/ persons	Elderly person/ Other persons				
(If 'Other', please specify)					

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4



Section C continued		
i) Political opinion		
Nationalist	Unionist	Other, e.g. Alliance, Green Party (Please specify)
j) Sexual orientation		
Bisexual Gay	Heterosexual	Lesbian Not listed

Thank you for taking the time to complete this questionnaire. Section A should be returned directly to your employer.

Sections B and C should be returned directly to:

Monitoring Officer, NILGOSC, Templeton House, 411 Holywood Road, Belfast, BT4 2LP

or emailed to info@nilgosc.org.uk

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