

Amendment Details Form

– changes in contractual working hours, working weeks, contribution rate or job code

Email this completed form to admin1post.incomingemails@nilgosc.org.uk.

This form must be used to notify NILGOSC of changes to an employee's contractual hours or weeks for the following members:

- Any member within scope of the McCloud Remedy, i.e. active members on 31 March 2012 and in the Scheme after 31 March 2015.

- Members who have an 'old' added years contract.
- Members who were active members before 1 April 2009 and were aged 45 or over at that time, i.e. were born before 1 April 1964.

Changes in contribution rate should be provided for all members.

Member details

Employer

Staff number/Post ID

Member surname

Member first name(s)

Occupation

NILGOSC reference number

Current contract or contribution rate details

Date current contract ends

Contractual weeks worked per year

Contractual hours worked per week



Whole-time equivalent hours worked per week

Whole-time equivalent weeks worked per year

Employee contribution rate

Additional contributions if applicable:
(e.g. Added Years, AVCs, ARCs, APCs)

Pensionable pay at date of amendment
per annum/per week

£ per annum per week

New contract or contribution rate details

Date new contract starts

New job code/Staff number

Contractual hours worked per week

Contractual weeks worked per year

Whole-time equivalent hours worked per week

Whole-time equivalent weeks worked per year

Employee contribution rate

Additional contributions if applicable:
(e.g. Added Years, AVCs, ARCs, APCs)

Pensionable pay at date of amendment per annum/per week

(including all pensionable emoluments and based on contractual hours and weeks as above)

£ per annum per week



Scheme employer certification

I am an authorised officer of the Scheme Employer named below sending instructions to NILGOSC and hereby certify that the information on this form is correct. I confirm that we will indemnify NILGOSC against any costs or claims arising if any of the information provided on this form is incorrect.

Completed by

Print name (Authorised Officer)

Signature*

Telephone number/Extension number

Date

Email address

Scheme employer

** By typing your name you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature. You are also confirming that the information you have provided is accurate and complete, to the best of your knowledge and belief.*

Notes on completing the form

1. Whole-time employment

An employee is in whole-time employment if his/her contractual hours are not less than the number of contractual hours for a person employed in that employment on a whole-time basis.

2. Part-time employment

Part-time employment is employment for less than the number of contractual hours for a person employed in that employment on a whole-time basis.

3. Multiple employments

When a person has more than one employment with one or more employing authorities, he/she must have a separate pension record number for each employment. Do not use this form to add details of an additional employment to an existing record. Please complete SS1 instead and return to NILGOSC.
