

# **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 all boxes that apply to you.  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.				

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Section B continued

Wo	uld you cor	nsider rejoining the S	Scheme at a later	date, if given the	e option?	
	Yes	If yes, after how long	? 1 Month	6 Month	1 Year	
	No		3 Years	5 Years	Longer than 5	⁄ears
•	ou have ticke further infor	ed any of the boxes ab mation.	ove, please use the	e box below if you	u wish to add	
O						
Cur	rent workin	ig nours				
	Whole-time	e Multi-jobb	er			
	Part-time	Please state nu	umber of hours wor	ked per week		
Dia	aa indiaat		nnual nau falla in	4_		
Pie	ase indicate	e which range your a	nnuai pay faiis in	10		
	Less than	£10,000	£10,000 to £14,9	99	£15,000 to £20,999	
	£21,000 to	£29,999	£30,000 to £39,9	999	£40,000 to £49,999	
	£50,000 or	· over				

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#### 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			
Disability Disability is defined in the Disability Discrimination Adhas a substantial and long-term adverse effect on a pactivities. The effect of the impairment is classed as (a) it has lasted at least 12 months; or (b) the period for which it lasts is likely to be at least (c) it is likely to last for the rest of the individual's life. Please note that it is the effect of the impairment with individual meets this definition.  Do you consider yourself to be disabled?  If yes, what is the nature of your disability?  Gohabiting  Married/ Civil Partnered  Widowed	person's ability to carry out normal day-to-day long-term if;  12 months; or			
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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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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