LGS2

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 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 think it is too expensive or not good value for money.
- ☐ It is too early/late for me to think about pensions.
- ☐ 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 am already in the scheme for other jobs.
- ☐ Other (please specify)

Section B continued

Would you consider rejoining the Scheme at a later date, if given the option?

☐ Yes If yes, after how long? ☐ 1 Month ☐ 6 Months ☐ 1 Year

☐ No ☐ 3 Years ☐ 5 Years ☐ Longer than 5 Years

If you have ticked any of the boxes above, please use the box below if you wish to add any further information.

Current working hours

☐ Whole-time ☐ Multi-jobber

☐ Part-time Please state number of hours worked per week

Please indicate which range your annual pay falls into

☐ Less than £10,000 ☐ £10,000 to £14,999 ☐ £15,000 to £20,999

☐ £21,000 to £29,999 ☐ £30,000 to £39,999 ☐ £40,000 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 listed

b) Age

◯ 16-21 ◯ 22-30 ◯ 31-40 ◯ 41-50 ◯ 51-60 ◯ 61-64 ◯ 65+

c) Community Background

◯ Buddhist
◯ Hindu
◯ Jewish
◯ Muslim
◯ Protestant
◯ Roman Catholic
◯ Sikh
◯ Other (please specify)

d) Race

◯ Bangladeshi
◯ Black African
◯ Black Caribbean
◯ Chinese
◯ Indian
◯ Irish Traveller
◯ Mixed Ethnic Group
◯ Other Asian Background
◯ Other Black Background
◯ Pakistani
◯ White
◯ Other (please specify)

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 ◯ Single ◯ Separated/ Divorced ◯ Widowed

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/ persons ☐ Other

(If 'Other', please specify)

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