

Buying Lost Pension

Application for Additional Pension Contribution (APC)

Please complete this form and email to: admin1post.incomingemails@nilgosc.org.uk.

If you have taken unpaid child-related leave, authorised absence (e.g. career break) or absence due to a trade dispute and wish to pay Additional Pension Contributions (APCs) to cover the lost pension, please ask your employer to calculate the amount of pensionable pay that you have lost. Use this value to calculate the cost

using the APC calculator on our website www.nilgosc.org.uk. You will then be able to print a pre-populated application form using the details from your quotation. If you do not have access to a computer, you can complete Sections 1 & 2 of this form and send it to your employer's payroll department.

Section 1 – Personal Details

Surname

First name(s)

Title: Mr/Mrs/Miss/Ms/Other

Partnership status

Home address

	Postcode	

National insurance number

Date of birth

Telephone number

Personal email address



Section 1 continued

Employer

Email address

Section 2 – Details of election (to be completed by the member)

Reason for absence (please tick)

Child-related Other authorised absence Trade dispute

Section of the scheme during absence (please tick)

Main section 50/50 section

Dates of absence

From To

Additional pension I would like to buy £ per year

You can get this figure from the **Results** section of the **Lost Pension Calculator** on our website. Once you input your details this figure will be shown under the heading **Annual pension lost during absence**.

I would like to pay by instalments £ per month per week

I would like to pay over a period of year(s)

OR

I would like to pay by a lump sum payment.
The additional lump sum payment is £ lump sum



Section 2 continued

- I would like for the lump sum to be deducted from my next salary payment
(this will only be possible if your salary is large enough to cover the full cost of the APC)

- I would like to be invoiced for the full amount

Signature*

Date

** 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.*

Please send this form along with your quotation to your employer. Your employer will complete Section 3 and forward your application to NILGOSC.

Section 3 – This section to be completed by the employer

Employee name

NILGOSC reference number

This APC election relates to an authorised unpaid absence or absence due to a trade dispute.

Dates of absence

From

To



Section 3 continued

I confirm that the correct amount of lost pension has been used and I have verified the figures in Section 2. I also confirm that the application is to be treated as:

Shared Cost APC (1/3rd employee, 2/3rd employer)
The employer's contribution amount will be:

£ per annum per week lump sum

Whole Cost Employee APC (election made outside 30 days of return to work or absence due to a trade dispute)

I also confirm that at the time of absence the member was in the

Main **50/50** section of the Scheme (*please select as appropriate*).

I certify that the above information is correct:

Employer

Signed*

Name of signatory

Date

Contact number

Contact email address

** 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.*