

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

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

R: 05/21 P: 05/21

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Section 1 continued				
Empl	oyer	Email a	ddress	
Secti	on 2 – Details of election (to be completed	d by the me	ember)	
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		То		
	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	

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From



Section 2 continued				
I would like for the lump sum to be ded (this will only be possible if your salary	ducted from my next salary payment is large enough to cover the full cost of the APC)			
I would like to be invoiced for the full a	mount			
Signature*	Date			
signature is the legal equivalent of your ma information you have provided is accurate a	orm electronically. You agree that your electronic anual signature. You are also confirming that the and complete, to the best of your knowledge and belief. uotation to your employer. Your employer will plication to NILGOSC.			
Section 3 – This section to be completed by the employer				
Employee name	NILGOSC reference number			
	inpaid absence or absence due to a trade dispute.			
Dates of absence				

То

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Section 3 continued

in Section 2. I also confirm that the application is to be treated as:			
	Shared Cost APC (1/3rd employee, 2/3rd entry the employer's contribution amount will be:	red Cost APC (1/3rd employee, 2/3rd employer) 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	o confirm that at the time of absence the 50/50 section of the Scher	member was in the me (please select as appropriate).	
l cer	tify that the above information is correct:		
Emp	loyer	Signed*	
Nam	ne of signatory	Date	
Cont	tact 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.