

# **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 <a href="www.nilgosc.org.uk">www.nilgosc.org.uk</a>. 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 ad	ldress	
Secti	on 2 – Details of election (to be completed	d by	⁄ the men	nber)	
Reas	on for absence (please tick)				
Child	-related Other authorised absence	е	-	Trade dis	spute
Secti	on of the scheme during absence (please	e tic	ck)		
Main	section 50/50 section				
Dates	s of absence				
From			То		
	Additional pension I would like to buy	£			per year
You can get this figure from the <b>Results</b> section of the <b>Lost Pension Calculator</b> on our website. Once you input your details this figure will be shown under the heading <b>Annual pension lost during absence</b> .					
	I would like to pay by instalments £			p	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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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 amoun	t				
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				

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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 The employer's contribution amount will be	ed Cost APC (1/3rd employee, 2/3rd employer) mployer'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).						
l cer	tify that the above information is corre	ct:				
Emp	loyer	Signed*				
Nam	ne of signatory	Date				
Cont	tact number	Contact email address				

<sup>\*</sup> 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.