Reviews and Complaints Form

Member Details						
Name:						
Address:						
Date of Birth:						
National Insurance	e Number:					
Employer:						
NILGOSC Reference Number (if known):						
Telephone Number:						
If you wish for someone else to request a review of a decision or make a complaint on your behalf, you may appoint an 'alternative applicant'. If you wish to appoint an alternative applicant, please complete the details below and sign and date the form. The alternative applicant may then deal with all further sections of this form.						
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This	is:						
A)		a request for a review of a decision made about a benefit from the scheme					
B)		a complaint about the service I have received					
I am:							
	а	a scheme member		a person entitled to a pension credit — that is, a person who is entitled to			
	a widow, widower, surviving civil partner or nominated cohabiting partner of a deceased member;			a portion of an ex-spouses benefit from the scheme as a condition of divorce proceedings			
	a dependant of a deceased member or any other person who may be entitled to a benefit in respect of a deceased member			a pension credit member — that is, a person who is receiving a portion of an ex-spouses benefit from the scheme as a condition of divorce			
	is m	prospective member — that , someone who is eligible for embership but who is not actively ontributing to the Scheme		proceedings a person who has ceased to be a member within the last six months			
Please give details of your request for review or complaint below. You may continue on a separate sheet if necessary. Please attach any relevant supporting evidence to this form where applicable.							
Member / Alternative Applicant Signature:							
IVIEI	libei	Alternative Applicant Signature.					
Dat	e:	I GOSC	TI N St	lease return this form to: he Secretary orthern Ireland Local Government Officers' uperannuation Committee empleton House,			

NORTHERN IRELAND LOCAL GOVERNMENT OFFICERS' SUPERANNUATION COMMITTEE

411 Holywood Road,

Belfast BT4 2LP