



Notice to Opt Out: Opting out of the New Fire-fighters Pension Scheme

The New Fire-fighters Pension Scheme (NFPS) allows you to save while you are working in order to enjoy a pension once you retire. It is one of the best occupational pension schemes in the UK. What's more, the NFPS is provided by your employer who meets a large part of the cost of providing the excellent range of secure benefits, so it's an extremely valuable and important part of your employment package.

You might be thinking of opting out of the NFPS for a variety of reasons. Whatever the reason, it's worth taking some time to look at the benefits you could be giving up. A brief summary of these is included in the "Declaration" section of this form.

If you want to know more about the costs and benefits of being a member of the NFPS please contact our office.

Please remember that the NFPS is, and will continue to be, one of the best occupational pension schemes in the UK.

Whatever your reasons for considering opting out of the scheme, we ask that you give this matter careful consideration before making a final decision. You may wish to take financial advice before making a decision to opt out. If you are opting out of the NFPS due to advice you have received you should ask for this advice in writing.

Your employer cannot ask you or force you to opt out. If you are asked or forced to opt out you can tell The Pensions Regulator - see www.thepensionsregulator.gov.uk.

Equally, no one can force you to remain a member of the scheme but, if you elect not to be a member, you should understand the implications both for you and your dependents.

Notes:

1. You can only sign and date this opt out form once you have commenced employment in the post from which you wish to opt out of membership of the NFPS. You cannot sign and date the form before then as it will be treated as an invalid opt out.
2. The completed opt out form should be returned to your employer's Human Resources Department.
3. If you have previous pension rights in the NFPS, either deferred or a frozen refund, or hold a concurrent fire-fighter employment on which you are a scheme member, or have been awarded a FPS pension credit, or you are in receipt of a FPS pension, payment of a refund of pension contributions will wipe out these benefits.
4. If you have another job with another employer, that employer might also put you into pension saving, now or in the future. This opt out notice only opts you out of NFPS pension saving in relation to the employer and jobs you have named on this form. A separate opt out notice must be filled out and given to any other employer you work for if you wish to opt out of pension saving with that employer as well. You will need to obtain an opting out form for employment with that employer from the pension administrators for the scheme provided by that employer.
5. If you opt out of the NFPS before completing three months membership you will be treated as never having been a member and will receive a refund of any contributions deducted from your pay minus any deductions for tax. If you opt out after three months you will be entitled to a deferred pension benefit in the NFPS which, unless you transfer the benefits to another pension scheme, would normally be payable from age 65.
6. If you decide to opt out of membership of the NFPS and subsequently change your mind you will be able to rejoin the scheme provided you are under age 75 and you remain in an employment that qualifies you for membership of the scheme. You will need to write to your employer if you want to opt back into the scheme.
7. If you stay opted out your employer will normally automatically put you back into the NFPS approximately three years from the date they have to comply with the automatic enrolment provisions of the Pensions Act 2008. You will, however, again be entitled at that time to opt out of membership of the scheme.
8. If you change employer your new employer will normally put you back into the NFPS straight away.



Fire-fighters Pension Scheme

Your Pension Details (please complete this form in black ink)

Surname:

First name(s):

Title: Mr./Mrs./Miss/Ms/Other (please specify)

Your Address:

Post code:

Your national insurance number:

Your date of birth:

Your employers name:

Name of post (or posts) from which you wish to opt out of membership of the NFPS:

Job title (Rank) - Post 1

Assignment number for the job (if known), Retained or Whole time (please circle)

Job title (Rank) - Post 2

Assignment number for the job (if known), Retained or Whole time (please circle)

Declaration:

I declare that by opting out of the Fire-fighters pension scheme (NFPS) I am knowingly giving up the opportunity to participate in the NFPS which would provide a guaranteed package of benefits which are backed by law including:

- * **A secure pension** – payable for life that increases with the cost of living
- * **Tax free cash** – the option to exchange part of my pension for some tax-free cash at retirement
- * **Serious ill-health covers** – if I have to retire due to a serious illness I could receive immediate benefits based on an enhanced period of scheme membership
- * **Life covers** – with a lump sum of three times my final pay if I die in service
- * **cover for my family upon my death** – including a survivor's pension for my husband, wife, civil partner or nominated cohabiting partner as well as children's pensions

I have read the above and understand that the choices I make now are important in planning for my retirement. I confirm that I wish to opt out of pension saving in the post(s) I have indicated on this form.

I understand that if I opt out **I will lose the right to pension contributions from my employer.**

I understand that if I opt out I may have a lower income when I retire.

Signed: _____

Date: ___/___/___

Notes:

1. Please see the notes regarding when you can sign, date and return this form.
2. It is important to fully complete this form. An incomplete form will not be accepted as a valid opt out and the form will be returned to you for completion.

For office use only

Form validated	Name _____	Date _____
Refund processed	Date _____	
Opted out effective from	Date _____	
Contributions refunded	Yes <input type="radio"/> (tick box)	No <input type="radio"/> (tick box)
Month refunded	Month _____	