

# Form S5 EL/OPT (post-1 April 2014) Revised details form



West Midlands Pension Fund

Please complete this form in black ink. The use of correction fluid is not permitted.

This form is to be completed when notifying us of any amendments(s) to the information provided on the opting out/leaving before retirement notification (S4 EL/OPT). Please complete the member's details in full and your amendments, where appropriate – then sign, date and return it to the email address shown below. Please tick the boxes, where appropriate. **Do not write on the reverse of this form.**

Employer's name:

Date you sent the original S4 EL/OPT to us:

## Member's Details

Title:  Mr  Mrs  Miss  Other:

Pension reference number: **1 0**

Surname:

Payroll number:

First name(s):

Date of birth:

National insurance number:

## Revised Employment Details

Date left the Scheme:

Reason left the Scheme:

Hours worked at 31 March 2014:

Part-time:

Full-time equivalent:

## Revised Pay Details

Full-time equivalent pensionable pay for the last 365 days worked (for calculating pre-31 March 2014 benefits):

£

Cumulative pensionable pay in final Scheme year (for the period 1 April to the date of leaving):

Main section: £

50/50 section: £

## Revised Pension Scheme Contributions (from 1 April to leaving date)

LGPS standard contributions paid:

£

Contribution rate: %

LGPS previous year contributions paid if not already notified:

£

Contribution rate: %

## Revised National Insurance Details (only to be completed if less than two years' membership)

Total earnings between lower earnings level and threshold, and from threshold to upper earnings level from the 6 April (last) to date of leaving:

£

Additional comments/any other changes (ie, date of changes in the section of the Scheme, any hours' changes prior to 31 March 2014 not already notified):

## Certifying Officer's Declaration

I certify the above amendment(s)/addition(s) to be true and confirm that this new information should, where appropriate, replace all previously notified details.

Certifying officer's signature:

Print name:

Date:

Contact phone number:

The City of Wolverhampton Council is a Data Controller under the Data Protection Act 2018. For more information on how the Council manages your personal data, please visit [www.wmpfonline.com/informationgovernance](http://www.wmpfonline.com/informationgovernance).

If you require assistance on how to complete this form, please contact the Employer Helpline on 0300 111 6516. Return to email address: [DMT@Wolverhampton.gov.uk](mailto:DMT@Wolverhampton.gov.uk)