WEST MIDLANDS PENSION FUND BULK TRANSFER OF MEMBERS WITHIN FUND

<u>Heading</u>	<u>Notes</u>	Max Field Length	Typical Example
Surname		30	SMITH
Forenames		40	JOHN ERIC
National Insurance Number	Standard format "AANNNNNNA"	9	AB123456C
Employee Membership Number	Always begins 10***** and in the reference range of 10200001-10999999	8	10200001
	Enter all 00000000 if you are applying for admission body status		
Employee Payroll Number	Full reference to identify an individual pensionable employment. As per employer payroll.	16	1234567-8 123456AB
	For admission body applications please add 0000 if you do not yet know the payroll references. These will be required at completion.		
Date of Birth	dd/mm/yyyy	10	01/01/1966
Full Time Equivalent (last 365 days) Pensionable Pay	the last 365 days Full Time Equivalent pay (If the member is full time this is the actual	13 (2 decimal places)	1999.99
As at (DD/MM/YYYY)	pensionable pay)		
This field is not required for a new admission body application.	Please include the date you have used		
Current weekly hours worked	Full-time = 0.00 Part time	5 (2 decimal places)	0.00 9.25 25.00
Employer reference	Numeric This is your individual employer reference which can be found on your monthly contribution	3	999

	submission form (CON1B) This is not required for admission body applications. It will be issued upon completion.		
Weekly hours worked at 31/03/2014	Full-time = 0.00 Part time	5 (2 decimal places)	0.00 9.25 25.00
AVCs / Scheme additional contributions	AVC provider to whom employee pays AVCs E = Equitable life P = Prudential or if paying additional scheme contributions to purchase membership or additional pension = S	1	E P S
Date left previous employer	dd/mm/yyyy	10	31/12/2015
Date joined new employer	dd/mm/yyyy	10	01/01/2016
Annual actual pensionable pay As at (DD/MM/YYYY)	This is the actual annual pay a member will earn Please include the date you have used	13 (2 decimal places)	1999.99
Full time equivalent hours	This is the maximum contractual hours per week If employee is part time this would be the hours if they worked full time	5 (2 decimal places)	32.50 36.50 37.00

- Please ensure all fields are completed before submitting the file
- The file should be saved and submitted as an Excel file
- Submit the file via the secure email link to <u>WMPFEMPLOYERLIAISON2@WOLVERHAMPTON.GOV.UK</u>. If you have not previously used the secure email facility please contact the Employer Services team on 0300 111 6516 who will arrange this for you.