PENSIONS OPTION FORM

PERSONAL DETAILS

Surname (BLOCK CAPITALS)			
First Names			
Maiden Name (if applicable)			
Date of Birth			
Please attach your Birth Certificate. If it is not immediately available, do not delay sending in this form, just send the Birth Certificate separately.			
Home Address			
Name of Employer/School		T	
If your post is Part Time state the number of Part Time hours worked per week, and the equivalent		P/T Hours	W/T Equivalent
whole time hours			
Election to join the	e Pension	Sche	eme
I wish to join the Local Government I do* / do not currently contribute to			ngement.
Signed	Dated		
Please Return To:- Your Personnel Department.			
e-mail: Pensions.Mailbox@haringey.go	ov.uk		
*See notes in Pensions Options leaflet.			
Pensions Team Only: AXIS Updated SAP Updated / N/A	Stat Notc issu	ed 🗌	
Updated 16 June 2011			