



Local Government Pension Scheme

Unpaid leave or leave on reduced pay

Part 1

This form has been given to you because:

- you have been granted unpaid leave or leave on reduced pay by your employer, and
- the leave is for a period of more than 30 days, and
- the leave is for reasons other than sickness; maternity, adoption or paternity leave; or jury service.

You may, if you wish, elect to pay pension contributions as though full pay had been received throughout your absence so that it may count as Scheme membership. An election to pay contributions must be made within 30 days of your return to work, or the date you ceased to be employed if you do not return to work, and will cover the whole of your period of absence up to a maximum of 36 months. If you decide not to pay, the period of absence will not count in any way towards qualifying for or calculating your pension benefits.

If you are paying additional percentage contributions to the Scheme to increase your benefits and wish to continue with this arrangement you must continue to pay the contributions throughout your period of absence. If this is not practicable you must arrange with your employer to pay them as soon as possible on your return to work. If you do not wish to continue with the arrangement you may elect to terminate it by writing to the administering authority (LPFA) and the employing authority. You will be credited with the membership purchased to the date of your election to cease payment.

If are paying Additional Voluntary Contributions (AVCs) through the Scheme, you may choose whether or not to pay these during your absence. Please advise your employer accordingly.

Whether you wish to pay contributions or not for your leave of absence, please complete and return this form to your employer within 30 days of your return to work or the date you ceased to be employed if you do not return to work.

Part 2

To: *(Enter name and address of your employer)* _____

Date unpaid leave or leave on reduced pay commenced _____

I wish / do not wish* to pay pension contributions in respect of the period that I was granted unpaid leave / leave on reduced pay*. Please deduct the amount due from my pay after my return from leave / I wish to pay by cheque in full*.

Signed _____ Date _____

Surname _____ Forenames _____

Mr/Mrs/Miss/Ms/other* _____ National Insurance number _____

* *Delete as appropriate*

Not to Employer: (a) Please collect the appropriate contributions.
(b) Please enter your LPFA Employer Code here _____
(c) Please send a copy of this form together with form LG/212 to the London Pensions Fund Authority,