

**FALKIRK COUNCIL PENSION FUND
LOCAL GOVERNMENT PENSION SCHEME
NOTIFICATION OF SCHEME OPTANT OUT**

Form S10A

Please complete this form in respect of a scheme member with 3 or more months service in the scheme who has completed an Opt Out form.

Please **do not complete** this form if:

- the scheme member is leaving or has left employment with you (*you should complete Form S10*); or
- the scheme member has opted out of the LGPS within 3 months of being entered into the scheme (*you should refund contributions through your payroll*).

Employee's Details

Name _____	Superann. No. _____
Address _____	Payroll No. _____
_____	Post/Job id. _____
_____	NI Number _____
Post Code _____	Email _____
Employer _____	Dept. _____
Designation _____	

Opting Out Details

A copy of the employee's opt out form must be attached to this form.

The date the employee ceased membership of the Scheme is the **last day of the pay period** in which the employee's last pension contribution was deducted.

1. Date employee ceased membership of the Scheme: _____
2. The employee's National Insurance Category has been changed to A or B: Yes No

Contributions and Hours Details

Pay Item	Previous Year	Current Year
Pension Contributions Paid		
Additional Pension Contributions Paid		
AVCs Paid		
National Insurance C.O. Earnings		
National Insurance Category		
Annual Rate of Remuneration (include all pensionable items of pay)		
Pensionable Hours (if employee has variable hours)		

Please send the completed form and a copy of the employee's opt out form to the Pensions Section, Falkirk Council.

Completed By:	Designation:
Email:	Telephone No:
Signed:	Dated: