**Pension*Plus* Opt Out Form**

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Forename:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** |  | **Employee Number:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Birth:** |  | **NI Number:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Department:** |  | **Male:** | **Female:** |

**Declaration by Employee**

 I confirm that, having read and understood the Benefits*Plus* document that I wish to opt-out of the Pension*Plus* Scheme.

Signed……………………………………………………………. Date…………………..

**For Payroll Use Only:**

Data Keyed By: ……………………………… Date: ……………………………..

Data Checked By: ……………………………... Date: ……………………………..