

Election to Opt Out and/or Application for a refund of Teachers' Pension Contributions

Purpose

This form should only be completed by those eligible to join the Northern Ireland Teachers' Pension Scheme who decides they **do not wish to be a member of the scheme**. No further teaching employment will be pensionable until this election is revoked by the applicant submitting an election to opt into the scheme.

Those who have less than two year's service and only after they have been out of service for more than a month may claim back contributions already paid. Before completing this form, please read fact sheet 'leaving Pensionable Employment'.

For those currently in employment in a DE paid school, Part A and B must be completed and the form returned to Teachers' Pensions Branch by the Teacher. For those currently in employment in a **non** DE paid school, Part A, B and C must be completed and the form sent to Teachers' Pensions Branch by the employer.

Please complete in CAPITAL letters.

PART A - To be completed by the applicant in all cases

Section 1

Name of school: _____

School Ref No: _____ Teacher's Ref No: TR _____

Surname: _____ Mr Mrs Miss Other

Previous Surname(s): _____

Forename(s): _____

Date of Birth: _____

Address: _____

Postcode: _____

E-mail address: _____

Contact Tel. No. _____

National Insurance No. _____

Please tick here if you wish to claim a refund
of superannuation contributions (if eligible) and
complete Section 2.

Section 2 Payment details

Please pay my refund to: - Bank Building Society
(Please tick appropriate box)

Name of Bank/
Building Society

Branch

Sort Code - -

Bank account number

Building Society Roll
Number

Address

 Post Code

PART B - Election Confirmation - to be signed and dated by the applicant in all cases

I elect for any employment I undertake from the effective date of this election not to be treated as pensionable employment. I understand that, if my election is accepted, I will not be able to claim any form of benefit from the Northern Ireland Teachers' Pension Scheme in respect of any employment covered from the effective date of this election.

By opting out of the NITPS I will forfeit the right to the following scheme benefits in respect of future service:

- + my employer contributing 13.6% of my salary towards the cost of benefits;
- + a guaranteed pension at normal pension age;
- + the option to take a tax free lump sum
- + pension value protected through full index linking;
- + access to ill-health benefits, should I become permanently unable to teach;
- + children's and dependants' pension
- + in-service death grant.

I have read and understand the points above.

Signature: _____ **Date:** _____

PART C - To be completed by the Employer if not employed in a DE paid school

Note for the Employer

- + When the application is made within 3 months of the contract commencing the 'Effective date of election' is the first date of employment.
- + When the applicant signs and submits the form more than 3 months after commencing pensionable employment, the 'Effective date of election' is the first day of the next month. In such cases pension contributions must have been deducted for the period prior to the opt-out.

Date of Appointment: Effective date of Election:

Have pension contributions already been deducted from salary?

Yes	No
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If yes, from to

I confirm that any pension contributions deducted in respect of service undertaken from the opting-out date will be refunded.

Employment undertaken from the date shown above will not be treated as pensionable. Superannuation contributions will no longer be deducted and the teacher will be treated as 'not contracted out' for national insurance purposes.

Employers Signature: _____ Date: _____

PART D - To be signed by Applicant and Witness (only to be completed if you have opted to claim a refund.

Declaration - to be signed by the Applicant

- + I have read the fact sheet 'Leaving Pensionable Employment'
- + I confirm that I am no longer in pensionable teaching service and that I have less than 2 years total pensionable teaching employment.
- + I understand that, if the contributions are repaid to me, the period(s) represented by those contributions will no longer be reckonable under the Northern Ireland Teachers' Pension Scheme and cannot be restored.
- + I apply for repayment of my teacher's pension contributions.

Signature: _____ Date: _____

Attestation - to be signed by a Witness who must not be related to the applicant.

I certify that the applicant, whom I believe to be the person to whom the foregoing particulars relate, signed this declaration in my presence.

Signature: _____ Date _____

Address _____

Tele. No. _____

Now please return the completed form direct to:

***Department of Education, Teachers' Pensions Branch,
Waterside House, 75 Duke Street, Londonderry, BT47 6FP
Tel: 028 7131 9000 Fax: 028 7131 9190***