

Employee amendment form



Employee number:

Employee name:

National insurance number:

Pension ref:

Please note the following changes to this employee's record:

Date of marriage / civil partnership:

certificate attached

Name changed from:

to:

certificate attached

Hours changed from:

to:

FTE:

Date (s) effective from:

to:

Weeks changed from:

to:

FTE:

Date (s) effective from:

to:

Dates of unpaid maternity/paternity leave from:

to:

Dates of unpaid leave from:

to:

Reason for unpaid leave:

Additional Pension Contribution (APC) offered?

Yes:

No:

Additional Pension Contribution (APC) taken?

Yes:

No:

If taken, which type?

APC:

Shared Cost APC:

Please include a copy of the "buying lost pension – application" with this form

Date of address change:

New address:

Date of death:

certificate attached

Signed:

Print name:

Email address:

Date:

Employer:

Please return the completed form to:

Cornwall Pension Fund, Fourth Floor South Wing, County Hall, Truro TR1 3AY or
pensions@cornwall.gov.uk