

New Entrant form



Cornwall Council as administrator to the **Local Government Pension Scheme**

Employer:	
Surname:	Mr / Mrs / Miss / Ms / Other
Forenames:	Marital status:
Address:	
Post code:	
Email address:	
Date of birth:	Date commenced employment:
Date joined scheme:	(If different to date commenced employment please attach original election form confirming decision not to join scheme)
Actual weekly contractual hours:	Weeks a year:
Location:	Post:
Rate of contributions:	%
Reference Numbers -	Payroll: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National insurance number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Earnings at date of joining the scheme:	
(a) Full-time equivalent basic pay / salary:	
(b) Actual basic pay / salary:	
Any other pensionable items:	
Scheme booklet issued to member (date):	
Date:	Certified correct: (Responsible Officer)

Please return this form together with relevant birth/marriage certificates to:
Cornwall Pension Fund, Fourth Floor, South Wing, County Hall, Truro, TR1 3AY or
pensions@cornwall.gov.uk