

British Tourist Boards' Staff Pension

& Life Assurance Scheme

Membership Application Form

I wish to join the British Tourist Boards' Staff Pension & Life Assurance Scheme (the 'Scheme'). I agree that any contributions I elect to pay under the Scheme's Rules may be deducted from my earnings. I enclose the following certificates:

Birth Certificate YES / NO Marriage Certificate YES / NO * Spouse's Birth Certificate YES / NO

I understand that the below information will be used for operating the pension scheme in my interests, and as such it may be made available to third parties authorised by the Trustee to process my data.

Print Name:

Signature:

Date:

.....

Please enter the following detail in BLOCK CAPITALS:

1a – Member details	
Title:	Surname:
First name(s):	Date of birth:
National insurance number:	Marital status:
Address:	Contact number:
	Email address:
1b – Spouse's details (if not applicable leave blank)	
Title:	Surname (if different):

First name(s):	Date of birth:
National insurance number:	Date of marriage:
Contact number:	Email address:

Decline Membership

I do not wish to join the British Tourist Boards' Staff Pension & Life Assurance Scheme (the 'Scheme'). I understand that I will lose the benefit of my employer's contribution to the Scheme and that I will not be covered for the Scheme's death benefits.

Print Name:

Signature:

.....

Date:

.....

Location:

.....

..... (site)

HR Set Up Form

To be completed by or on behalf of the EMPLOYER - please use BLOCK CAPITALS:

Employee Number:

Date of joining Company: __/__/____ Date of joining Scheme: __/__/____

Salary: £

The employee is joining the Scheme: *Please tick*

- a) at the first opportunity (strictly in accordance with the eligibility conditions)
- b) up to 6 months after the first opportunity (joining up to 6 months after first becoming eligible)
- c) more than 6 months after the first opportunity (joining more than 6 months after first becoming eligible)
- d) other (please provide details) _____

The member was/was not* **actively at work** on the last working day prior to the date of joining the Scheme
(*Delete as appropriate)

Actively at work means that an individual has not received medical advice to refrain from work and is not only present at their place of work on the prescribed day, but is mentally and physically capable of discharging fully the normal regular duties associated with the job they are engaged to do and working their normal contracted number of hours, either at their normal place of business or at a location to which the business requires them to travel.

Birth Certificate checked by: (initials)

Marriage Certificate checked by: (initials)

Spouse's Birth Certificate checked by: (initials)

We confirm that the information given by the employee and Employer is correct.

Signed (for your Employer): Date: __/__/____

Print Name: