TEACHERS' PENSION SCHEME (TPS)

Retrospective Access to Occupational Pension Schemes by Part-time Workers ('Preston')

IMPORTANT:

- This Questionnaire must be completed in accordance with 'Guidance for Applicants' which will have been given to you with this Questionnaire. The Guidance contains detailed information about the procedure for dealing with 'Preston' claims and instructions on completing Part 3 of the Questionnaire where you enter details of the period of employment being claimed.
- This Questionnaire must be completed and returned to the respondent employer within 28 days of receipt. If you fail to return this form within this period you cannot have your claim settled and the Employment Tribunal may strike out your application

Part 1 PERSONAL INFORMATION

EMPLOYMENT TRIBUNAL CASE NUMBER				
SURNAME				
FORMER SURNAME (if any)				
FIRST NAME(S)				
TITLE				
NATIONAL INSURANCE NUMBER				
DATE OF BIRTH				
ADDRESS				
	Yes	No	If Yes, Please Give Your membership No.	
ARE YOU A CURRENT MEMBER OF TPS?			RP -	
ARE YOU CURRENTLY IN RECEIPT OF A PENSION FROM TPS?	Yes	No		
DO YOU INTEND TO RETIRE WITHIN THE NEXT 12 MONTHS?	Yes	No		

Part 2 PERIOD OF EMPLOYMENT BEING CLAIMED

Periods of retrospective membership of the Teachers' Pension Scheme you are claiming:

I ATTACH THE FOLLOWING DOCUMENTARY EVIDENCE OF THE PERIOD(S) OF EMPLOYMENT CLAIMED (please tick all relevant boxes):

PAYSLIPS	CONTRACT OF E	.MPLOYMENT]	NI RECORD	P45	P60	WRITTEN STATEMENTS
OTHER – pl	lease specify:					

Any person knowingly making a false declaration may be liable to prosecution

Declaration:

I apply for the period(s) of employment detailed on Part 3 to be treated as pensionable service under the provisions of the Teachers' Pension Scheme (TPS).

I consent to this information being made available to the Administrator of the TPS and any other authorised personnel.

I will inform my employer of any changes to any of the details provided on this form.

I understand that, in the event of change any resultant overpayment of retirement benefits will have to be refunded.

All the information I have given on this form is true to the best of my knowledge and belief.

Signed

Date

Once you have completed this form please return it to: (Contact name to be entered by the respondent employer)

Part 3 DETAILS OF THE PERIOD(S) OF SERVICE CLAIMED: (Use continuation sheet if necessary)

See Paragraph 13 in the Guidance for Applicants for further information about the information to be entered in the columns.

Use a new line for every change in hours or rate of pay please work chronological working backwards from the last year that you are claiming.

1	2	3	4	5	6	7
Name of Employer/Place of Employment	Post Held/Job Title/Grade Band Eg Teacher/Lecturer	Date Employment Started	Date Employment Ended or Hours Changed	Hours Worked Per Week/ With Rate or Grade of Pay	Salary Paid / Earnings (If known)	Reason For Leaving/Reason For Change
		See Note 1	See Note 1	See Note 2	See Note 2	

<u>Note (1)</u> If your hours worked were constant during the whole period of employment claimed, you need only complete one line of service showing the salary rate applicable at the end of the period. If your hours worked fluctuated over the period of employment claimed, use a new line to show the date of changes. If detailed information is not available you may wish to discuss with the employer the possibility of using an average over the whole period.

Note (2) It is possible that your claim may have to be based on notional salary information. This would be the case if employment records are no longer available or, as is likely, you were paid on a flat-rate hourly basis where there was no full-time equivalent salary rate. In these circumstances you should enter Not Known and the employer will use notional rates that have been jointly agreed by the teacher unions and employer associations. The agreement covers the schools, FE and HE sectors. Employers will be provided with full guidance on this.