



Mowden Hall
Darlington DL3 9EE

Teachers' Pension Scheme (TPS)

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

Post-Retirement

date of receipt

TO BE COMPLETED BY THE EMPLOYER
Please read the guidance notes before completing this form

1a LEA number (to be completed in all cases).

1	2	3	Payroll reference	
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1b Number of Non-LEA establishment

4	5	6	7	8	9	10
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2 Teacher's reference, if known.
(leave any unused boxes at 13-17 blank).

Sex
(enter M or F)

RP	11	12	-	13	14	15	16	17	18
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3 Surname (one character to each box eg O'Reilly).

19	20	21	22	23	24	25	26	27	28	29	30	31	32
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4 Former surname (if any).

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5 First name(s).

33	34	35	36	37	38	38	40	41	42	43	44	45	46
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6 Title

47	48	49	50	51	52	53	54	55	56	57	58	59	60
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7 National Insurance Number

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8 Date of birth

D	61	D	62	M	63	M	64	Y	65	Y	66
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(Is this verified?) Yes No

9. Active Deferred Pensioner

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Complete details of service claimed

Establishment Number contributions	Salary scale = FOO or For FE/HE LEA W00	F or P	Start Date	End date	Full-time annual Salary rate	Actual part-time Salary paid	Days Excluded	Employee

TOTAL COST TO EMPLOYEE

PENSIONABLE SERVICE CREDIT
Years

Days

PAYMENT METHOD

IF CONTRIBUTIONS ARE BEING MADE BY DEDUCTION FROM SALARY CAN YOU PLEASE CONFIRM THE START AND END DATES OF THE REPAYMENT PERIOD:

START DATE

END DATE

THE CALCULATION OF THE CONTRIBUTIONS TO BE COLLECTED WAS BASED ON – please tick box

Actual salaries paid Notional salaries

Copy of Education 1 attached Copy of Form 1 attached

Certificate

Please note.

I certify that the applicant indicated on Form 1 that they wished to have part-time service since 1 May 1995 to be pensionable under the Teachers' Pension Scheme. Contributions will be collected at 6% of salary in respect of all future part-time service.

This must be signed by a responsible officer of the employing local education authority or governing body. The responsible officer must include details of his/her rank or position within the employing local education authority or governing body. If the responsible officer appointed by the school's governing body is a member of the teaching staff, this certificate must be signed by the chairperson.

I certify that the service details given are correct and that the service was non-fractional hourly paid. The applicant has agreed to the payment of the relevant contributions

Signed

Name of officer (in CAPITAL letters).

Date

Position/rank

Telephone number

Extension

Name of contact for administration purposes (in CAPITAL letters).

Telephone number (included STD code)

Extension

Fax Number

Official stamp (LEA only). If non-LEA establishment please give full address and post code.

Please return this form together with a copy of Education 1 and Form 1 to: Capita Business Services Ltd, Teachers' Pensions, Mowden Hall, Staindrop Road, Darlington, DL3 9EE