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## Notification of maternity, adoption or additional paternity absence

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### Personal information

Full name:

Address:

Postcode:

Personal No:

National Insurance No:

Employer:

Reason:

Date absence began

Date returned to work:

**Have you informed the member they can pay towards covering the 'lost pension' from an authorised absence via a Shared Cost Additional Pension Contribution (SCAPC)?** Please note members wishing to use this option must elect within 30 days of returning to work following the absence for this option to be available therefore must be given appropriate notice.

Yes:

No:

Unpaid Days:

Unpaid period from:

Has the member elected to pay Additional Pension contributions to cover the absence? (authorised absences only)

Yes

No:

If you answered yes, please forward copy of completed application form. Have contributions been made by employee to cover unpaid period?

Yes:

No:





**Shropshire  
County  
Pension Fund**

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Administered by  
Shropshire Council

**For completion by Authorising Signatory**

Name:

Job title:

Email address:

Date:

Signed:

Please return this form using i-Connect document upload. See the i-Connect document transfer guide 2023 on our website for further details.



**Go online**

Find out more and log on to  
'My Pension Online' at:

**[www.shropshirecountypensionfund.co.uk](http://www.shropshirecountypensionfund.co.uk)**



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**Email us**

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