



NOTIFICATION OF MATERNITY, ADOPTION OR ADDITIONAL PATERNITY ABSENCE

Full name: _____
Address: _____
_____ Post Code: _____
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 an 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 (Please forward copy of completed application form)
NO
Have contributions been made by employee to cover unpaid period?
YES
NO

The Shropshire County Pension Fund is a Data Controller under Data Protection legislation. This means we store, hold and manage personal data in line with statutory requirements to enable us to provide pension administration services. The Fund has a memorandum of understanding which provides more information. To enable us to carry out our statutory duty, we are required to share information with certain bodies, but will only do so in limited circumstances. For more information about how we hold data, who we share it with and what rights scheme members have to request information from the Fund, please visit www.shropshirecountypensionfund.co.uk.

For Completion by Authorising Signatory:

Full Name: _____
Job Title: _____
Email: _____
Date: ____ / ____ / ____

Signed (by authorised signatory): _____

Please return this form to:

Pensions Services
Shropshire Council
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Or Send a scanned copy to:
pensions@shropshire.gov.uk