



Notification of maternity, adoption or additional paternity absence

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 a copy of the completed application form.

Have contributions been made by employee to cover unpaid period?

Yes

No

For completion by Authorising Signatory

Name:

Job Title:

Email address:

Date:

Signed:

Please return this form to us by email to pensions@shropshire.gov.uk, or to the following address: Pensions, PO Box 4826, Shrewsbury, SY1 9LJ

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