

LGPS 2014 Proposals- Employer consultation form

Please be aware that only one form should be returned for each employer with participating scheme members. If multiple forms are returned they will be excluded from the consultation (see note 1).

Forms provided without a valid email address and phone number will be also be excluded as we will be auditing responses to ensure they originate from a bona fide LGPS employer

Forms should be returned by 27th July, either sent to

Elaine English
 Workforce Team
 Local Government Association
 Local Government House
 Smith Square, London, SW1P 3HZ

Or scanned and emailed to Elaine.english@local.gov.uk. In either case forms must be signed by an authorised employer representative.

| | | |
|---|------------|--------------------------|
| Employer name | | |
| Name of LGPS fund in which the employer participates ¹ | | |
| Number of employees participating in the LGPS on 30th June 2012 | | |
| Authorised representative | Print name | |
| | Sign | |
| | Email | |
| | Telephone | |
| As an overall package the employer named above (please tick) | | |
| Supports | | <input type="checkbox"/> |
| Does not support | | <input type="checkbox"/> |
| the proposals agreed by the LGA and local government unions for a reformed LGPS | | |

¹ This field should be completed in all cases and is the name of the local fund that you are a participant in. If you have multiple admission agreements and participate in more than one fund please provide only one response naming one of the funds but provide the total number of participating employees across all funds in the box below

Comments