*[Insert FRA Logo]*

**Firefighter Pension Scheme**

**Contingent Decision Claim Form**

|  |  |
| --- | --- |
| **Personal details:** | |
| Full name |  |
| National Insurance Number |  |
| Date of birth |  |
| Email address |  |
| Phone number |  |
| Address |  |

|  |  |
| --- | --- |
| **Contingent Decision Claim:** | |
| A Contingent Decision will fall into one of two categories.  *Please select below which Contingent Decision claim you are making, complete the relevant section of the form and the declaration on the last page.* | |
| **A – Opted Out Service**  A member who would not have opted-out if they had been allowed to remain in the legacy scheme beyond their transition date or, if for a protected member, they had been allowed to join the 2015 reformed scheme from 1 April 2015.  *(Complete Section A on Page 2 and the declaration on page 5)* |  |
| **B – Additional Service**  A member who says that they would have purchased (more) additional service if they were in the legacy scheme.  *(Complete Section B on page 4 and the declaration on page 5)* |  |

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| **A – Opted Out Service claim details** | | | |
| I have Opted Out service and I wish to make a claim based on the following: | | | |
| Scheme I was in at the date I opted out | 1992 | 2006 | 2015 |
| My transition date to move to 2015 Scheme |  | | |
| Date I opted out of the scheme |  | | |
| **Opted Out Service evidence** | | | |
| * If you opted out at any point during the period from 1 April 2012 up to six months before you were due to transition to the 2015 scheme, your Contingent Decision claim will be dependent on the evidence you can provide to support the claim that had the discrimination identified by the courts not occurred, you would have made a different decision. * If you opted out at any point during the period from six months before you were due to transition to the 2015 scheme up to 31 March 2022, your Contingent Decision claim will be accepted. | | | |
| **My Evidence:** | | | |
| You should consider what evidence you need to provide that will best support your claim as the scheme manager will require this to decide whether your claim can be accepted or not. Failure to provide any evidence, could result in your claim being refused. | | | |
| Please explain in a sentence or two, in your own words the reason(s) why you opted out of the Firefighters Pension Scheme and what you would have done differently:  The additional evidence I have provided to support my Contingent Claim is as follows: | | | |

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| B **– Additional Service (Additional 60ths or Added Years) claim details** | | |
| I wish to make a claim based on the following: | | |
| My Legacy Scheme | 1992 | 2006 |
| My transition date to move to 2015 Scheme |  | |
| **Additional Service evidence** | | |
| * If you purchased added pension in the 2015 scheme, this can be counted as evidence that you would have purchased additional service in the legacy scheme. | | |
| **My Evidence:** | | |
| You should consider what evidence you need to provide that will best support your claim as the scheme manager will require this to decide whether your claim can be accepted or not. Failure to provide any evidence, could result in your claim being refused. | | |
| Please explain in a sentence or two, in your own words the reason(s) why you would have purchased additional service and what you would have done differently:  The additional evidence I have provided to support my Contingent Claim is as follows: | | |

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| **Declaration:** | |
| *Please read each of the statements below and if you agree, sign, date and return the form* | |
| * I confirm that had the discrimination identified by the courts not occurred, I would have made a different decision to the one I originally made. * For an Opt-Out, and Additional Service Contingent Decision, I have provided evidence in my own words and supplied, where applicable, any relevant additional documentation to support my claim. * I declare that the information I have provided in this Contingent Decision Claim Form is true to the best of my knowledge. | |
| Full name (please print) |  |
| Signature |  |
| Date |  |

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| **Return the entire form and any supporting evidence (if applicable) to:**  **[insert details on where to return]** |

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| **Scheme Manager Decision** | | | | |
| Date Contingent Decision Claim form received by scheme manager | | |  | |
| Notes about decision making by scheme manager  *record anything here which outlines the reasons for your decision* |  | | | |
| Based on the evidence provided and the necessary criteria, my decision about this Contingent Decision claim is: | | | Approve | Decline |
| Scheme manager name | |  | | |
| Date of decision | |  | | |
| Date reported to LPB | |  | | |