

Firefighter Pension Scheme

Contingent Decision Choice Form

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

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| **Option section one – Contingent Decision choice decision:** | |
| Having reviewed the information provided on the Contingent Decision Remediable Service Statement (CD RSS), I confirm that my decision is:  *Please choose one of the options below and then complete the declaration on the next page.* | |
| **A – Opted Out Service**  I have opted out service that I wish to include within my pension benefits relating to remedy. |  |
| **B – Additional Service (Additional 60ths or Added Years)**  I have Additional Service that I wish to include within my pension benefits relating to remedy. |  |
| **C – Remain the same**  I do not want to include my [opted out service/Additional Service] (please delete as appropriate) within my pension benefits relating to remedy. |  |

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| **Declaration:** | |
| *Please read each of the statements below and if you agree, sign, date and return the form* | |
| * I understand that the contingent decision choice I have made is an Irrevocable decision. * I understand that regardless of my legacy scheme when I opted out, the only scheme I am eligible to be in for the remedy period is FPS 2006. * I understand the impact that my contingent decision choice may have on any beneficiary benefits payable in the future. * I understand that interest will continue to accrue on the contributions I owe until such time as the balance is paid. * I understand and agree that unless I specify something different, that the balance of anything I owe will be deducted from any additional lump sum and/or pension payments as necessary. * I understand that I will be liable for declaring and discharging payment of any additional tax that may arise because of my contingent decision choice. | |
| 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]** |