

Opt Out Form

Employer:	City Health Care Partnership CIC
Scheme Name:	The Atlas Master Trust
Member Name:	
NI Number:	
Date of Birth:	
Address:	

What You Need To Know

- Your employer cannot ask you, or force you, to opt out
- If you are asked, or forced, to opt out you can tell The Pensions Regulator (www.thepensionsregulator.gov.uk)
- If you change your mind you may be able to opt back in – tell your employer if you want to do this
- If you stay opted out, your employer will normally put you back into pension saving in around 3 years
- If you change job, your new employer will normally put you back into pension saving straight away
- If you have another job your other employer might also put you into pension saving, now or in the future
- This opt out notice only opts you out of pension saving with the employer named above
- A separate notice must be filled out and given to any other employer you work for, if you wish to opt out of that pension saving as well
- Your opt out will be effective from the following month's payroll unless it is received by the 5th of the month, in which case it will be effective that month.

Please tick the boxes below:

<input type="checkbox"/>	I confirm that I have read and understood all of the above points in the section 'What you need to know'
<input type="checkbox"/>	I understand that if I opt out I will lose the right to pension contributions from my employer
<input type="checkbox"/>	I understand that if I opt out I may have a lower income when I retire
<input type="checkbox"/>	I wish to opt out of pension saving.
<input type="checkbox"/>	I confirm that, as the job holder, I have personally submitted this opt out notice.

Signed:	
Dated:	

Please print, sign and return this form directly to Steven McGarrigle at Steven.McGarrigle@northumbria-healthcare.nhs.uk or Northumbria Healthcare NHS Foundation Trust, Cobalt Business Exchange, Cobalt Park Way, Newcastle Upon Tyne, NE28 9NZ