**OGD Transfer Form**

**Note: The payroll transfer date should be agreed between both parties. This form should be completed and forwarded by the exporting employer as soon as possible.**

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| --- | --- | --- |
| Is the transferee a member of the  Yes  No  Civil Service pension arrangements  (including **partnership**)? | | |
| Eligible workers must be enrolled into a qualifying pension scheme upon joining a new employer in line with automatic enrolment legislation. As such, when a member of staff transfers between employers and **is not in a pension scheme,** the importing employer must ensure that the worker is in a qualifying pension scheme from the first day of employment**. Transfer action *should* be completed and deductions taken within the same pay period as the date of joining.** | | |
| **From** (Exporting employer name and address) |  | |
| **To** (Importing employer name and address) |  | |
| Member’s permanent work place address if different from above |  | |
| Terms of transfer |  | |
| Date of Transfer |  | |
| **Member details** | | |
| Surname | |  |
| Forename(s) | |  |
| National Insurance number | |  |
| Pay number | |  |
| Bank Details (sort code and account number) | |  |

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| **Please complete the following section if the payroll action is not able to take place in the same month as the transfer.**  *Note: These boxes will be removed when all departments pay to date of transfer.* | | | | | | | | | | | | | | | | | | | | | |
| Date to which salary paid by exporting employer (day/month/year) | | | | | | | | | | | | | | | | | | | |  | |
| Amount of gross pay that relates to service after date of leaving within month of transfer  **(e.g. if employee transfers on 15th May but is paid by exporting employer until 30th June, these costs will only cover the period 16th May to 31st May)**: | | | | | | | | | | | | | | | | | | | | | |
| Full time salary rate | | | | | | | | | | | | | | | | | | | |  | |
| Part time salary rate and hours if applicable | | | | | | | | | | | | | | | | | | | |  | |
| Payments made after the month of transfer (including period payment relates to)  **(e.g. If employee transfers on 15th May but is paid by exporting employer until 30th June, these costs will cover period 1st June to 30th June):** | | | | | | | | | | | | | | | | | | | | | |
| Gross salary | | | | | | | | | | | | | | | | | | | |  | |
| Allowances | | | | | | | | | | | | | | | | | | | |  | |
| Employers NI | | | | | | | | | | | | | | | | | | | |  | |
| Employers Pensions (ASLCs) | | | | | | | | | | | | | | | | | | | |  | |
| **The amounts above, paid after the month of transfer, are costs which we will require to be reimbursed. If you require a Purchase Order (P.O.) to enable the payment of an invoice, please notify us of the P.O number. If no P.O number is received within 30 days we will issue an invoice without reference to a purchase order.** | | | | | | | | | | | | | | | | | | | | | |
| **Additional Salary Information** | | | | | | | | | | | | | | | | | | | | | |
| Details of last pay award (please state if an award is still outstanding) | | | | | | | | | | | | | | | | |  | | | | |
| Contractual Pensionable Pay the day before the pay award took place. **Only complete if pay award took place after 1st April.** | | | | | | | | | | | | | | | | |  | | | | |
| Does the employee currently have a salary sacrifice arrangement?  **If yes, please inform the employee of options within your organisation.** | | | | | | | | | | | | | | | | | Yes/No | | | | |
| **Details of Voluntary Deductions (Please attach authorities)** | | | | | | | | | | | | | | | | | | | | | |
| Beneficiary organisation | | | | | | | | | Monthly amount | | | | | | | | | | | | |
| 1) | | | | | | | | |  | | | | | | | | | | | | |
| 2) | | | | | | | | |  | | | | | | | | | | | | |
| 3) | | | | | | | | |  | | | | | | | | | | | | |
| 4) | | | | | | | | |  | | | | | | | | | | | | |
| 5) | | | | | | | | |  | | | | | | | | | | | | |
| 6) | | | | | | | | |  | | | | | | | | | | | | |
| 7) | | | | | | | | |  | | | | | | | | | | | | |
| 8) | | | | | | | | |  | | | | | | | | | | | | |
| **Charitable giving**  Please state Charitable Beneficiary Organisation e.g. Charities trust.  Authority **must** be attached. | | | | | | | | | | | | | | | | | | | | | |
| **Details of beneficial loans/debts outstanding at date of transfer** | | | | | | | | | | | | | | | | | | | | | |
| Type of Loan/debt | Date loan issued/ debt | | | | Outstanding balance at beginning of tax year or original amount if paid later | | | | | | | | | Outstanding Balance to be recovered | | | | | | | Monthly Instalment Amount |
|  |  | | | |  | | | | | | | | |  | | | | | | |  |
|  |  | | | |  | | | | | | | | |  | | | | | | |  |
|  |  | | | |  | | | | | | | | |  | | | | | | |  |
| **Full details of reckonabilities are required for overpayment debts and any deferred recoveries of House Purchase Advances.** | | | | | | | | | | | | | | | | | | | | | |
| Allowances | | Date(s) granted | | | | | Amount(s) | | | | | | | | | Purpose of allowance(s) | | | | | |
|  | |  | | | | |  | | | | | | | | |  | | | | | |
| **The outstanding balance amounts above are costs for which we will require to be reimbursed. If your organisation requires a Purchase Order (P.O.) to enable the payment of an invoice, please give the P.O. number. If no P.O. number is received within 30 days, we will issue an invoice without reference to a P.O. If there are also costs for salary payments made after the month of transfer, you may raise one purchase order to cover all costs.** | | | | | | | | | | | | | | | | | | | | | |
| **Pension arrangements** | | | | | | | | | | | | | | | | | | | | | |
| If the transferee is a member of a pension scheme, which scheme?  (please tick scheme currently in) | | | | | | | | | | | **classic**  **partnership**  **classic** **plus**  **premium**  **nuvos**  **alpha** | | | | | | | | | | |
| **Note: If the transferee is a member of a pension scheme, they will continue to be an active member of that scheme when they join their new employer.** | | | | | | | | | | | | | | | | | | | | | |
| If the transferee is a member of **partnership with Legal & General**, please give employee contribution level. | | | | | | | | | | | % | | | | | | | | | | |
| Copy of **partnership** application / change forms attached? | | | | | | | | | | | Yes  No | | | | | | | | | | |
| If the transferee is not a member of the Civil Service pension scheme or **partnership**, which section of the scheme have they previously opted out of/or were eligible to join upon entering the Civil Service? | | | | | | | | | | | **classic**  **nuvos**  **classic** **plus**  **premium**  **alpha** | | | | | | | | | | |
| If you are unable to provide the information above, please state the date the transferee joined employment covered by the Civil Service Pension arrangements. | | | | | | | | | | | ……………………………… | | | | | | | | | | |
| Has the member taken partial retirement? | | | | | | | | | | | Yes  No  **If yes please inform the Scheme Administrator (MyCSP) of any changes in salary** | | | | | | | | | | |
| If applicable, please provide the transferee’s tapered enrolment end date | | | | | | | | | | | ……………………………… | | | | | | | | | | |
| **Basic employee contributions** | | | | | | | | | | | Yes  No | | | | | | | | | | |
| Start date | | | |  | | | | | | |  | | | | | | | | | | |
| Rate | | | |  | | | | | | | % | | | | | | |  | | | |
| Public Service Pension History | | | | Employer | | | | | | | Start date | | | | | | | End date | | | |
|  | | | |  | | | | | | |  | | | | | | |  | | | |
|  | | | |  | | | | | | |  | | | | | | |  | | | |
|  | | | |  | | | | | | |  | | | | | | |  | | | |
| **Added years contract(s)** | | | | | | | | | | | Yes  No | | | | | | | | | | |
| Start date(s) | | | | | | | | | | |  | | | | | | | | | | |
| Number of years purchased by monthly contributions | | | | | | | | | | | | years | | | | | | | days | | |
| with family benefits | | | | | | | | | | | | | Yes  No | | | | | | | | |
| without family benefits | | | | | | | | | | | | | Yes  No | | | | | | | | |
| Monthly deduction rate | | | | | | | | | | | | | % | | | | | | | | |
| **Does the member have any Added Pension?** | | | | | | | | | | | | | Yes  No | | | | | | | | |
| Please enter percentage of pensionable pay/or fixed monetary amount | | | | | | | | | | | % Fixed amount | | | | | | | | | | |
| Does the member have any EPA? | | | | | | | | | | | Yes  No | | | | | | | | | | |
| If yes, please provide details | | | | | | | | | | |  | | | | | | | | | | |
| Does the member have any EEPA? | | | | | | | | | | | Yes  No | | | | | | | | | | |
| If yes, please provide details | | | | | | | | | | |  | | | | | | | | | | |
| **AVC contributions?** | | | | | | | | | | | Yes  No | | | | | | | | | | |
| Rate | | | % | | | AVC provider | | | | | | | | | Equitable Life  Legal & General | | | | | | |
| **Additional Information (to be completed by exporting employer)**  Please supply a computer/manual print of member’s service/career history, special and annual leave details, sick absence record and any other absences without pay. | | | | | | | | | | | | | | | | | | | | | |
| Transfer member’s paper record | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Name | | | | | | | | |  | | | | | | | | | | | | |
| Job title | | | | | | | | |  | | | | | | | | | | | | |
| Telephone | | | | | | | | |  | | | | | | | | | | | | |
| Email address | | | | | | | | |  | | | | | | | | | | | | |
| Date | | | | | | | | |  | | | | | | | | | | | | |
| **To be completed by importing employer** | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | |  | | | | | | | | | | | | | |
| Job title | | | | | | | |  | | | | | | | | | | | | | |
| Telephone | | | | | | | |  | | | | | | | | | | | | | |
| Email address | | | | | | | |  | | | | | | | | | | | | | |
| Date | | | | | | | |  | | | | | | | | | | | | | |
| **Pension enquiries to** **the Scheme Administrator (MyCSP)** | | | | | | | | | | | | | | | | | | | | | |
| Contact name | | | | | | | | |  | | | | | | | | | | | | |
| Contact number | | | | | | | | |  | | | | | | | | | | | | |
| Email address | | | | | | | | |  | | | | | | | | | | | | |
| **HR/personnel enquiries** | | | | | | | | | | | | | | | | | | | | | |
| Contact name | | | | | | | | | |  | | | | | | | | | | | |
| Contact number | | | | | | | | | |  | | | | | | | | | | | |
| Email address | | | | | | | | | |  | | | | | | | | | | | |