

Application to buy back opted-out service for the Remedy Period

We need you to complete this form and return it to us by post or email. Alternatively, you can complete this form online by visiting: <https://www.civilservicepensionscheme.org.uk>

Please check your details carefully. Please also remember to sign, date and tick the Declarations at the end of this form.

Your completed form and supporting evidence should be returned to:

Civil Service Pensions
PO Box 2017
Liverpool
L69 2BU
UK

Or, emailed to us at: contactcentre@mycsp.co.uk

We'll check your forms when we receive them and let you know if we need any more information.

Your Details:

Title:

First Name(s):

Surname:

Current Address:

Current Postcode:

Please provide any additional information to help us locate you. E.G if you're no longer an active member, if we hold a previous name or address during the time of your pension membership

NI Number:

Date of Birth
(DD/MM/YYYY):

 / /

Member Number (if known)

Contact Number:

Personal Email Address (it's recommended that members use a personal email address rather than a work email):

Correspondence will be sent via email. If you would prefer postal correspondence, then please tick the box:

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Please detail the reasons for choosing to opt out of the pension scheme, providing details of what you would have done differently. Clearly articulate how your circumstances would have differed had you not made your contingent decision and how this was driven by the unlawful transitional protection rules. The evidence for this may include independent advice (taken at the time of the decision and clearly quantifiable) and/or evidence from supporting bodies (charities / pensions experts):

Please provide details of what evidence you have provided to support your application e.g. emails, letters, policy documents. You may want to include screenshots of the 'Remedy Opt Out Member Contributions Estimator'. Please note: applications submitted with supporting evidence are more likely to be successful. Evidence examples could include: Opt out application form or correspondence from employer/MyCSP:

Please provide details below of any additional supporting evidence you want us to assess to support your application

Additional Information

Would you like to provide any more information to support your application?

Declaration

I declare the information I have provided is true to the best of my knowledge

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I confirm that I have used the tools available to me which estimates how much I would potentially have to pay to buy back service into the scheme

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I understand that, in the event of my application being accepted, I will have to pay back the missed premiums plus interest. The cost will be calculated at the time the application is accepted.

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Signature

Date