

Compensation Scheme Information Form (CSCS 1)

We need some important information from you. It is essential that you complete the form in full to help us deal with your CSCS quote.

Scheme Identifier	
Have you previously been turned down for a Voluntary Redundancy Scheme with the same Scheme Identifier?	Yes / No
Anticipated last day of service	
Personal Details	
Surname	
Forename(s)	
Employee number	
National Insurance Number	
Date of birth	
Marital Status	
Date your marriage/civil partnership ended (if applicable) If your marriage / civil partnership has ended please enclose a photocopy of the Decree Absolute/ dissolution certificate or Death Certificate as appropriate.	
Contact Telephone Number (Work)	
Contact e-mail address (Work)	
Have you had any previous Civil Service employment?	Yes / No
If yes, please give details Name of Dept:	Approximate Dates

Have you got Reserved Rights, i.e. were you in post on 1 April 1987, serving in a mobile grade, under age 40 on 1 April 1987 and be between age 40 and 49 on your last day of service?	Yes / No
Have you ever worked part-time during your Civil Service employment?	Yes / No
Have you opted out of the Civil Service pension arrangements?	Yes / No
Do you have a partnership or nuvos account?	Yes / No
Are you employed on a Fixed Term Appointment?	Yes / No
Are you currently in receipt of a Civil Service pension or Annual Compensation Payment?	Yes / No
Have you aggregated a previous period of Civil Service employment?	Yes / No
Do you have a preserved pension from a previous period of Civil Service employment?	Yes / No
Have you transferred in pension benefits from another pension scheme?	Yes / No
Are you buying Added Years/Added Pension?	Yes / No

Data Protection

Your Employer and My Civil Service Pension will only use the information contained in this form to obtain a quote of your entitlements.

Cabinet Office manages the Civil Service pension scheme and the Civil Service Compensation Scheme. My Civil Service Pension administers the pension scheme on behalf of your employer. Capita Hartshead is the current pensions payroll contractor.

Declaration - I certify that the information given on this form is correct and completed to the best of my knowledge and belief.

I understand that if I am re-employed in a post covered by the Civil Service pension arrangements I may have to repay some or all of my compensation payment.

Signed (or sent via email address)

Date.....

Name (CAPITALS) :