



Schedule 12 (Part A) – Employer Statement of Work

This Statement of Work ("SOW") form is to be used to request the provision of Employer Services. Where the request is for multiple Services, a separate form is required for each Service.

1. You (the Employer) must complete:
 - i. the **Employer details** section;
 - ii. the **Invoice Details** section (where details available);
 - iii. the **Service Type** section; and then either:
 - iv. **Part 1** for the Civil Service Compensation Scheme (CSCS);
 - or
 - v. **Part 2** for any other Services.
2. You must then submit the form to the Scheme Administrator (Capita Pension Solutions Limited or "Capita").
3. Capita will review the form and carry out assessments including impact, viability, scheduling and charging. Capita may contact you to request further information or to discuss the requirements.
4. Capita will update:
 - i. the **SOW Information** section;
 - ii. the **Approval** section.
5. Capita will then return the form to you.
6. You should review the updated form.
7. If you wish Capita to proceed with the work, you must complete:
 - i. the **Invoice Details** section
 - ii. the **Approval** section.

You must then return the form, including Purchase Order details, to Capita.

8. If you do not wish to proceed, please confirm your decision to Capita.



Annex A: Contract Details

Employer Details: [employer to complete]

Employer:

Originator's Name:

Position:

Email Address:

Telephone No:

Invoice Details: [employer to complete]

Contact for Invoicing:

Position:

Email address:

Purchase Order Number:

Full Postal Address:

Telephone No:

Part 1: Civil Service Compensation Scheme

(Please also complete [Part 1](#), Tables 1, 2, and 3)

Part 2: Civil Service
Data Correction:
Data Extract:
Revising/Updating Benefits:
**Annual Benefit or Pension Savings
Statement re-run:**
Management Information:
TUPE (Bulk Transfers In/Out):
Employer Payroll Migration:
Other Services:

(Please also complete [Part 2](#))

Part 1 – Civil Service Compensation Scheme (CSCS)

Table 1: Scheme Details: [employer to complete]

Cabinet Approval Scheme Reference:
Number of quotes requested:
Number of awards requested:
Grades of members if known:
Tariff as agreed by Cabinet Office if other than Standard:
Lower paid underpin applied (if Voluntary Exit ("VE")):
Early access to pension applied (if VE):
Discretion to vary qualifying service applied (if VE or Voluntary Redundancy ("VR")):
Members with Reserved Rights (please supply list):
Additional permanent/ regular allowance to be included with effective dates:
Last day of service (please update control sheet accordingly):
HR contact for queries:

Table 2: Scheme Schedule: [employer to complete]

Quote Phase
Date Control Sheet and CSCS1s will be sent to the Scheme Administrator:
Method of distribution to the Scheme Administrator (email/Connect/if 'other' please specify):
Date quotations to be returned to the Employer:
Method of distribution from the Scheme Administrator to employer (email/Connect):
Award Phase
Date Compensation Declaration Form(s) (CDF) and Control Sheet should be received by the Scheme Administrator:
Date the Scheme Administrator will confirm to the employer the final compensation values:
Employer contact for notification of final compensation values. If shared service provider please advise:
Any additional or supporting information:
(If no Cabinet Office Approval or Fair Deal Employer– please include here the terms being offered):

Table 3: Additional Services: [employer to complete]

Additional meetings or Scheme updates required:

Presentation or training required from the Scheme Administrator:

Site visit required:

Any additional Scheme requirements:

Part 2 – All other Services

Requirements: [employer to complete]

Specific output required:

Please give as much detail as possible regarding the services you require. This should include volumes if applicable and also any timelines if known. The more information you can supply at this stage, the easier it will be to impact assess the work required.

'impacted' i.e. Volume of impacted members:

Risks to your business if work is not carried out:

Urgency of work to be done:

Please advise if this work is non urgent/urgent/critical:

Supporting information provided:

Date the Scheme Administrator will receive information from Employer 'any additional' i.e. received any additional information:

Method of distribution to the Scheme Administrator (email/Egress):

Date the Scheme Administrator data will arrive with Employer:

Method of distribution from the Scheme Administrator required to send to Employer (email/Egress):

HR contact for enquiries:

Change Assessment

SOW information: [Capita to complete]

Start Date:

End Date:

SOW implementation plan:

**Process for reporting on SOW
implementation performance:**

Limits on liability:
(where different from Clause 16)

Charges:

**Process for the Contractor to provide
confirmation of costs prior to issue
of invoice(s):**

Reasonable out of pocket expenses:

Service Levels:

Bulk Transfer Services:

Others:

Service Level Effective Date:

**Reporting requirements for
Service Levels:**

Authorisation

[Employer and Capita to complete]

Employer SOW: AUTHORISATION TO PROCEED
The Parties authorised signatories shall sign and date this form below to evidence their agreement to this SOW described above:

Agreed by the Supplier	Signature
Signed for and on behalf of Capita Pension Solutions Limited	Print Name
	Date

Agreed by Employer	Signature
Signed for and on behalf of	Print Name
	Date
	Employer