University of Oxford Staff Pension Scheme (OSPS)

Application to join CARE section   (for employer transfers only)

Please complete this form in full by using BLOCK CAPITALS and by ticking the appropriate boxes. Please send the completed form to the Pensions Office. **ONLY TO BE USED IF A MEMBER WAS PREVIOUSLY A MEMBER OF THE CARE SECTION AND HAS REJOINED WITHIN A MONTH OR HAS A PARALLEL PERIOD OF MEMBERSHIP IN THE CARE SECTION.**

Employer	
Transfer within OSPS from	

To be completed by the employee

Title		Surname	
Forenames			

NI Number		Date of birth	/ /	Gender	M / F

Job title	
Home address	

Internal telephone number		Email address	

I hereby apply to rejoin OSPS and agree to comply with and be bound by the Rules from time to time in force. I authorise my employer to deduct from my salary, with effect from the date of joining, the contributions that I am required to pay to OSPS. I understand that the Trustees of OSPS and their advisers and administrators will need to process personal data about me for the purpose of calculating my benefits and administering OSPS. I consent to this processing of this personal data.

Are you currently a member of OSPS elsewhere or have you been a member of OSPS in this tax year?   Y/N

I am currently on the

Lower Cost Plan (6.6%)	
Standard Cost Plan (8.0%)	
Higher Cost Plan (9.6%)	

I understand that I have to stay on the same cost plan as I was on at my previous/current employer and that contributions will be adjusted if I tick the incorrect cost plan. I also understand that cost plans can only be changed in April.

Signed		Date	

To be completed by the employer

Date employment started	/ /	Date of joining OSPS	/ /

Pensionable salary details at date of joining OSPS   (WTE stands for whole time equivalent; pw stands for per week)

Annual salary	Hours worked	WTE hours worked	Annual WTE salary
£	pw	pw	£

Date of birth verified by sight of original birth certificate or passport   **Yes/No***   *Please delete as applicable

I confirm, on behalf of the employer, that to the best of my knowledge, the information given on this form is true and complete. I also confirm that the applicant has been given an OSPS information pack.

Signed		Date	
Name		Position	