



## Northern Ireland Fire & Rescue Service

### Headquarters

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**Chief Fire & Rescue Officer**

CFO Aiden Jennings

### NORTHERN IRELAND FIRE & RESCUE SERVICE

## ELECTION TO OPT OUT OF THE FIREFIGHTERS' PENSION SCHEME REGULATIONS (NORTHERN IRELAND) 2015

IF YOU WANT TO OPT OUT OF PENSION SAVING, FILL IN THIS FORM  
AND GIVE IT TO YOUR EMPLOYER.

### What you need to know

- Your employer cannot ask you or force you to opt out.
- If you are asked or forced to opt out, you can tell The Pensions Regulator – see [www.tpr.gov.uk](http://www.tpr.gov.uk)
- If you change your mind, you may be able to opt back in – write to your employer if you want to do this.
- If you stay opted out, your employer will normally put you back into pension saving in around 3 years.
- If you change your job, your new employer will normally put you back into pension saving straight away.
- If you have another job, your other employer might also put you into pension saving, now or in the future. This only allows you to opt out of pension saving with the employer you name below. A separate notice must be filled out and given to any other employer you work for, if you wish to opt out of that employer's pension saving as well.

I wish to opt out of pension saving.

I HAVE READ the literature issued to me relating to membership of the Firefighters' Pension Scheme Regulations (Northern Ireland) 2015 and I have decided that I no longer wish to be a member of the Scheme.

I UNDERSTAND that if I opt out I will lose the right to pension contributions from my employer.

I UNDERSTAND that if I opt out I may have a lower income when I retire.

I FURTHER UNDERSTAND that if my decision not to be a member of the Firefighters' Pension Scheme Regulations (Northern Ireland) 2015 proves to be financially to my detriment, neither I nor my dependents will have any right to claim compensation or any form of gratuity in lieu of pension rights from the Fire & Rescue Service.

*Tick the box relevant to the employment in respect of which you are opting out of the Firefighters' Pension Scheme Regulations (Northern Ireland) 2015:*

Regular Firefighter  Retained Firefighter  Volunteer Firefighter

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**Complete in BLOCK CAPITALS**

Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

Address \_\_\_\_\_

National Insurance Number \_\_\_\_\_

Work Location \_\_\_\_\_ Service Number \_\_\_\_\_

Date of commencement of Employment \_\_\_\_\_

**FOR PAYROLL USE ONLY:**

<p><b>PAYROLL DATE STAMP</b></p>	<p><b>DEFERRED PENSION TO PENSION DEPT</b> _____</p> <p><b>CODE P1 END DATE</b> _____</p> <p><b>TABLE A NAT INS</b> _____</p>
<p><b>SIGNATURE</b> _____</p>	<p><b>CA1886 COMPLETED</b> _____</p>

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For our data collection purposes please indicate the reason as to why you wish to leave the scheme:

I wish to leave the Firefighters' Pension Scheme Regulations (Northern Ireland) 2015 due to:

Please tick at least one option

- |   |  |                          |
|---|--|--------------------------|
| 1 | The increase to contribution rates                             | <input type="checkbox"/> |
| 2 | Financial reasons  | <input type="checkbox"/> |
| 3 | Personal reasons   | <input type="checkbox"/> |
| 4 | Have found a more suitable way of providing for my retirement. | <input type="checkbox"/> |
| 5 | Other (please indicate)  | <input type="text"/>     |

### PREVIOUS CONTRIBUTIONS MADE TO THE FIREFIGHTERS' PENSION SCHEME REGULATIONS (NORTHERN IRELAND) 2015

Since you have already paid into the above Scheme, please indicate how you wish these contributions to be treated.

I wish my contributions to be:

Please tick one option

- |   |   |                          |
|---|---|--------------------------|
| 1 | Converted into a Deferred Pension payable at age 65 | <input type="checkbox"/> |
| 2 | Transferred to another Pension Scheme               | <input type="checkbox"/> |

Name of Scheme: \_\_\_\_\_

Address of Scheme: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- |   |   |                          |
|---|---|--------------------------|
| 3 | Refunded to me as I have less than 3 months' service in the Scheme and my form has been received in Retained Payments Office within the 3 month period. | <input type="checkbox"/> |
|---|---|--------------------------|

SIGNED: \_\_\_\_\_

SERVICE NO: \_\_\_\_\_

DATE: \_\_\_\_\_

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If you need to discuss this form further, please contact:

The Pensions Section at Fire & Rescue Service Headquarters on (028) 9266 4221.

**PLEASE RETURN THE COMPLETED FORM TO:**

Northern Ireland Fire & Rescue Service Headquarters  
Pensions Section  
1 Seymour Street  
Lisburn  
BT27 4SX