



## Northern Ireland Firefighter Pension Scheme: Age Discrimination Remedy Claim Form (NFPS/Modified)

Personal details:	
Full name	
National Insurance Number	
Payroll Number	
Date of birth	
Email address	
Phone number	
Address	

Age Discrimination remedy choice decision:	
Having reviewed the information provided in the Remediable Service Statement, I can confirm that my decision is: <i>(Please choose <b>one</b> of the options below and then complete the declaration on the next page)</i>	
<b>A – Option one - Maximum lump sum</b> I elect for option one; to have legacy scheme (Modified NFPS 2007) benefits paid in respect of membership within the remedy period (1 April 2015 to 31 March 2022).	
<b>B – Option two - Maximum lump sum</b> I elect for option two; to have reformed scheme (CARE 2015) benefits paid in respect of membership within the remedy period.	



**Declaration:**

*Please read each of the statements below and if you agree, sign, date and return the form*

- ✓ I understand that the decision I have made for my choice of remedy benefits is an Irrevocable decision.
- ✓ I understand the impact that my choice of remedy benefits may have on any beneficiary benefits payable in the future.
- ✓ I understand that interest will continue to accrue on the contributions I owe until such time as the balance is paid.
- ✓ I understand and agree that unless I specify something different, that the balance of anything I owe will be deducted from my lump sum and/or pension payments as necessary.
- ✓ I understand that I will be liable for declaring and discharging payment of any additional tax that may arise because of my remedy choice decision.

Full name (please print)

Signature

Date

**Return the entire form to:**

**NIFRS Team  
HSC Pensions  
Orchard House  
40 Foyle Street  
Derry/Londonderry  
BT48 6BQ**

**or**

**via email to: [nifrsqueries@hscni.net](mailto:nifrsqueries@hscni.net)**