



**Northern Ireland
Fire & Rescue Service**



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Firefighters Pension Scheme Regulations (Northern Ireland) 2015

PUBLIC SERVICE PENSION HISTORY FORM (PSP1)

You May be eligible for some McCloud Remedy protections if you have service in another UK public service pension scheme that includes a period which falls before 01/04/2012 (McCloud Remedy protection)

You must not have had a continuous break of more than five years in either UK or NI public service pension scheme service. To identify if you are eligible for any McCloud remedy protection please provide details in the table below of any public sector pension scheme membership that you have had. A public service pension scheme includes Firefighters' Pension Scheme, Teachers' Pension Scheme, Local Government Pension Scheme, Police Pension Scheme, Armed Forces Pension Scheme, Civil Service Pension Scheme, Judicial Pension Scheme and NHS Pension Scheme.

YOUR DETAILS		
NAME	NIFRS SERVICE NO	NATIONAL INSURANCE NUMBER

PUBLIC SERVICE PENSION HISTORY FORM

Please complete the table below with a new row for every period of public pension scheme membership, even if you have two separate periods of membership at the same employer. If you run out of space complete another form with the remaining details.

NAME AND ADDRESS OF FORMER PUBLIC SECTOR EMPLOYER	PENSION SCHEME MEMBERSHIP/REFERENCE NUMBER	PENSION SCHEME MEMBERSHIP START DATE (DD/MM/YY)	PENSION SCHEME MEMBERSHIP END DATE (DD/MM/YY)	DID YOU RECEIVE A REFUND OF CONTRIBUTIONS FOR THIS MEMBERSHIP WHEN YOU LEFT? (YES/NO)	DID YOU TRANSFER THIS PENSION TO ANOTHER PROVIDER? (YES/NO)	IF TRANSFERRED, PROVIDE NAME AND ADDRESS OF NEW PROVIDER

**PLEASE ATTACH ANY EVIDENCE YOU MAY HAVE THAT SUPPORTS THE PERIODS OF MEMBERSHIP ABOVE. FOR EXAMPLE, AN ANNUAL BENEFIT STATEMENT, OR THE PENSION DOCUMENTATION PROVIDED ON LEAVING.*

I authorise NIFRS to obtain any information it requires in connection with my pension benefits from any of my former pension schemes of which I have been a member. The information I have provided is accurate and complete to the best of my knowledge and beliefs.

Signed: _____ **Date:** _____