Northern Ireland Fire & Rescue Service

HSC Business Services Organisation
Pension Service

NIFRS Contingent Decision Choice Form

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

Option section one – Contingent Decision choice decision:	
Having reviewed the information provided on the Contingent Decision Remediable Service Statement (CD RSS), I confirm that my decision is: *Please choose one of the options below and then complete the declaration on the next page.*	
A – Opted Out Service I have opted out service that I wish to include within my pension benefits relating to remedy.	
B – Additional Service (Additional 60ths or Added Years) I have Additional Service that I wish to include within my pension benefits relating to remedy.	
C – Remain the same I do not want to include my [opted out service/Additional Service] (please delete as appropriate) within my pension benefits relating to remedy.	

Declaration:	
Please read each of the statements below and if you agree, sign, date and return the form	
✓ I understand that the contingent decision choice I have made is an Irrevocable decision. ✓ I understand that regardless of my legacy scheme when I opted out, the only scheme I am eligible to be in for the remedy period is FPS 2006. ✓ I understand the impact that my contingent decision choice 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 any additional 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 contingent decision choice.	
Full name (please print)	
Signature	
Date	

Return the entire form and any supporting evidence (if applicable) to:

nifrsqueries@hscni.net