Northern Ireland Fire & Rescue Service

HSC Business Services Organisation
Pension Service

Northern Ireland Firefighter Pension Scheme: Age Discrimination Remedy Claim Form

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: *(Please choose **one** of the options below and then complete the declaration on the next page)*	
Alternative Benefit Option 1 - Legacy Choice I elect for Legacy Choice; to have legacy scheme (FPS 2007/NFPS2007/ Modified NFPS 2007) benefits paid in respect of membership within the remedy period (*1 April 2015 to 31 March 2022*).	☐
Alternative Benefit Option 2 - Remedy Choice I elect for Remedy Choice; to have reformed scheme (CARE 2015) benefits paid in respect of membership within the remedy period. *(1 April 2015 - 31 March 2022).*	☐

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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