

Pension Scheme Membership

I wish to become a member of a workplace pension scheme run by my employer.

Surname: <i>(please print)</i>	
Forename: <i>(please print)</i>	
National Insurance number:	
Employee number:	

I confirm I personally submitted this notice to join a workplace pension scheme.

Signed: _____ Dated: _____

Please return this form to the Pensions Office in Whiteknights House or by email to pensions@reading.ac.uk.

For Pensions Office / HR Operations use only:

Date of Receipt	Qualifying Earnings in month	Age in month
Result of Assessment		Automatic Enrolment Date
Eligible Jobholder / Non-eligible Jobholder / Entitled Worker		
Monthly pay greater or less than LEL (for salary sacrifice)		Joining Type
Less / Greater		Opted-in / Joining Notice
Scheme on Trent		
PP USS (CRB) / USS (CRB) / USS VTE (CRB) / PP USS VTE (CRB) / PP URPS / URPS PP USS VTE Final Salary / USS VTE Final Salary / PP USS / USS		
Signed for Pensions Office		Dated
Trent Actions completed by HR Operations		Dated