



Please complete this form using Adobe Acrobat Reader and then print it, sign it and return it to us. Press 'Tab' key to move between fields. Compulsory fields are marked in red.

MATERNITY LEAVER – NOTICE OF RETURN TO WORK

HOW TO COMPLETE THIS FORM

Employer to complete if the member returns to work and recommences membership of the ITB Pension Funds (Open Fund) and forward to the Pension Funds Office, 23 King Street, Watford, Herts WD18 0BJ.

EMPLOYER :

MEMBER:

NATIONAL INSURANCE NUMBER:

DATE OF BIRTH:

DATE MEMBER RETURNED TO WORK AND RECOMMENCED MEMBERSHIP OF THE FUND

FULL-TIME OR PART-TIME

IF PART TIME – ADVISE PART-TIME HOURS

STANDARD FULL-TIME CONTRACTUAL HOURS

FULL-TIME EQUIVALENT PENSIONABLE SALARY £

Signed on behalf of Employer:

Name:

Position: Date :