



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 COMMENCEMENT

HOW TO COMPLETE THIS FORM

Employer to complete and forward to the Pension Funds Office, 23 King Street, Watford, Herts WD18 0BJ.

EMPLOYER:

MEMBER:

NATIONAL INSURANCE NUMBER:

DATE OF BIRTH:

DATE MATERNITY LEAVE COMMENCES:

DATE ORDINARY MATERNITY LEAVE CEASES:

Or

DATE ADDITONAL PAID MATERNITY LEAVE CEASES:

RETURN TO EMPLOYMENT:

DOES THE MEMBER PAY AVCS YES NO

Signed on behalf of Employer:

Name:

Position: **Date :**

NOTE

The Pension Fund is to be advised if member returns to work by way of the “Maternity Leave – Notice of Return to Work” or if leaving service by completion of a “Leaver Form” which should be forwarded to the Funds Office.