



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.

TEMPORARY ABSENCE – ADVICE FORM

[REQUIRED ONLY WHEN PENSION CONTRIBUTIONS CEASE]

HOW TO COMPLETE THIS FORM

Employer to complete and return to the Pension Funds Office, 23 King Street, Watford, Herts WD18 0BJ to advise of date pay or SSP ceases.

EMPLOYER:

MEMBER:

POSITION:

NATIONAL INSURANCE NO.:

DATE OF BIRTH:

REASON FOR TEMPORARY ABSENCE:

DATE LAST AT WORK:

DATE MEMBER AND EMPLOYER PENSION CONTRIBUTIONS CEASE:

DOES MEMBER PAY AVC'S:

YES

NO

Signed on behalf of Employer:

Name:

Position: **Date:**

Complete this section if the member returns to work and recommences membership of the ITB Pension Funds (Open Fund) and return the full form to the Pension Funds Office, 23 King Street, Watford, Herts WD18 0BJ

DATE MEMBER RETURNED TO WORK:

DATE MEMBERSHIP OF THE PENSION FUND RECOMMENCED:

Are arrears of contributions to be made to cover break in service:

YES

NO

(i.e. from date pay or SSP ceased to date recommenced contributions to the Fund)

If YES, outstanding employee and Employer contributions must be recovered within 3 months of the Member recommencing duties.

Signed on behalf of Employer:

Name:

Position: **Date :**