LGPS 2014 Proposals- Employer consultation form

Please be aware that only one form should be returned for each employer with participating scheme members. If multiple forms are returned they will be excluded from the consultation (see note 1).

Forms provided without a valid email address and phone number will be also be excluded as we will be auditing responses to ensure they originate from a bona fide LGPS employer

Forms should be returned by <u>27th July</u>, either sent to

Elaine English Workforce Team Local Government Association Local Government House Smith Square, London, SW1P 3HZ

Or scanned and emailed to <u>Elaine.english@local.gov.uk</u>. In either case forms must be signed by an authorised employer representative.

Employer name							
Name of LGPS fund in which the employer participates ¹							
Number of empl June 2012	loyees particip	ating i	n the LG	PS on 3	O th		
Authorised representative	Print name						
	Sign						
	Email						
	Telephone						
As an overall pa	ckage the emp	ployer	named a	bove (p	lease	tick)	
Supports							
Does not support							
the proposals ag LGPS	reed by the LG/	A and lo	ocal gove	rnment	union	s for a reforme	ed

¹ This field should be completed in all cases and is the name of the local fund that you are a participant in. If you have multiple admission agreements and participate in more than one fund please provide only one response naming one of the funds but provide the total number of participating employees across all funds in the box below

Comments	