

GCVS Payroll - Opting Out Confirmation

For help completing this form call 0141 332 2444 (option 2) or email tsst@gcvs.org.uk



Glasgow
Council
for the
Voluntary
Sector

EMPLOYER INFORMATION

GCVS Project No:		Employer Name:	
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EMPLOYEE INFORMATION

Employee No:		Employee Name:	
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PENSION INFORMATION

Pension Provider:		Opt Out Date:	
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Employee Actions:

I have notified my Pension Provider that I wish to Opt Out of this scheme YES NO

I have completed the relevant paperwork required by the Pension Provider
to Opt Out of this scheme YES NO

I understand that if I Opt Out after 1 month of being enrolled I will not
receive any refund of my contributions YES NO

Confirmation of the Opt Out Notice will be sent to GCVS as soon
as it is received from the pension provider YES NO

THIS FORM CANNOT BE SUBMITTED TO GCVS UNTIL ALL THE ABOVE ACTIONS HAVE BEEN COMPLETED.

FOR ANY ADVICE ON THE ABOVE ACTIONS PLEASE CONTACT YOUR PENSION PROVIDER.

Employee Signature _____ Date _____

Employer Signature _____ Date _____

For Office Use Only

Actioned By:		Date:	
Period:		Remarks:	