



CARE (Career Average Revalued Earnings)

# Employer Application Form

## Defined Benefit 100ths

This form will enable your organisation to participate in The Career Average Revalued Earnings (CARE) Scheme, defined benefit 100ths structure, operated by The Pensions Trust for your employees. **Please complete all sections and return this form to your contact in the New Business Team.**

### EMPLOYER'S DECLARATION

#### To Verity Trustees Ltd (the Trustee of The Pensions Trust)

WE \_\_\_\_\_ HEREBY APPLY to become an employer participating in The CARE Scheme defined benefit 100ths structure as from \_\_\_/\_\_\_/\_\_\_ and in consideration of such admission WE HEREBY UNDERTAKE AND AGREE to observe and perform all of the provisions of the Trust Deed and Rules and agree that such provisions shall be binding on us. Additionally, we undertake to advise the Trustee, in writing, immediately on going into liquidation, receivership or administration, becoming bankrupt or if a change of ownership or restructuring takes place and also if any other event occurs relating to the employer which may be of material significance to the Trustee or their advisers.

WE understand that we will be required to pay a levy towards the cost of an insurance policy against the risk of any fine or penalty being imposed on the Trustee.

WE further understand that all due contributions must be received by The Pensions Trust within the stipulated legal time limit and The Pensions Trust will not be responsible for any penalty imposed by regulatory authorities for failure to do so.

WE further understand that we are joining a multi-employer defined benefit scheme and therefore we may be liable for cessation debt under Section 75 of the Pensions Act 1995 if we cease to participate in The CARE Scheme.

WE further understand that before our application can be accepted, a covenant assessment will be carried out by The Pensions Trust in order to confirm our ability to bear the risk of funding defined benefit provision.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

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## Employer Details

Full Name of Employer: \_\_\_\_\_

Alternative Name (if required): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Website: \_\_\_\_\_

General Email: \_\_\_\_\_

General Telephone Number: \_\_\_\_\_

General Fax Number: \_\_\_\_\_

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## Chief Executive Details

Full Name of Chief Executive: \_\_\_\_\_ Title (Mr/Mrs/Miss/Ms): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Direct Email: \_\_\_\_\_

Direct Telephone Number: \_\_\_\_\_

Direct Fax Number: \_\_\_\_\_

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## Primary Admin Contact Details

Full Contact Name: \_\_\_\_\_ Title (Mr/Mrs/Miss/Ms): \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Direct Email: \_\_\_\_\_

Direct Telephone Number: \_\_\_\_\_

Direct Fax Number: \_\_\_\_\_

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## Contribution Returns Details (if different from above)

Full Contact Name: \_\_\_\_\_ Title (Mr/Mrs/Miss/Ms): \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Direct Email: \_\_\_\_\_

Direct Telephone Number: \_\_\_\_\_

Direct Fax Number: \_\_\_\_\_

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## Employer Information

Nature of Business: \_\_\_\_\_

Is the employer:

**A Registered Charity** Yes  No  Registration No: \_\_\_\_\_

**A Limited Company** Yes  No  Registration No: \_\_\_\_\_

**A Company Limited by Guarantee** Yes  No  Registration No: \_\_\_\_\_

**An Industrial & Provident Society** Yes  No  Registration No: \_\_\_\_\_

If you are unable to answer **yes** to one of the above, please provide details of the nature of your business, e.g. your Memorandum and Articles of Association or statement of business aims.

The financial year end is: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Please give details of your own district Inspector of Taxes for PAYE

Name of Tax District: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Ref No: \_\_\_\_\_

### Please give details of your local Inspector of Taxes for Schedule D and Corporation Tax (if applicable), NOT PAYE OFFICE.

Name of Tax District: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Ref No: \_\_\_\_\_

Are you associated with any other organisation and if yes, what is the relationship and who is the parent company?

ECON No. (This can be found on your contracting-out certificate) E

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## Membership Information

Approximate number of employees who will be eligible to join The CARE Scheme:

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Non-eligible: \_\_\_\_\_ Eligibility Period: \_\_\_\_\_

Approximate pensionable salary of highest-paid eligible employee £ \_\_\_\_\_ p.a.

Month of Annual Salary Review: \_\_\_\_\_

Are any of the proposed eligible employees currently NOT 'actively at work'? Yes  No

### Proposed Contributions

Employer: Fixed \_\_\_\_\_ %

Employee: Fixed Age/10 - 1 = \_\_\_\_\_ %

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**PLEASE SEE THE 'OTHER SCHEME INFORMATION' ON THE REVERSE OF THIS FORM.**

