

Employer Form of Authority

Defined Benefit and Defined Contribution

PLEASE COMPLETE THIS FORM FOR AMENDMENTS TO THE BENEFIT STRUCTURE AND/OR CONTRIBUTION RATES EFFECTIVE AFTER 1 APRIL 2011

1. Your details

Employer Name: _____

Employer Number: E

Effective date for amendment: ___/___/___

2. Benefit structure and contribution rate amendments

Please indicate below which benefit structure the amendment applies to and the relevant contribution rate and benefit structure status.

Benefit Structure <i>Please tick here</i>	Contribution Rates		Benefit Structure Status
	Employer	Member	Only one option is applicable <i>Please put a line through the options that do not apply</i>
CARE 80th	FIXED	FIXED	1. Open to all 2. Open to specific members only 3. Closed to new entrants 4. Closed to future accrual
CARE 100th	FIXED	FIXED	1. Open to all 2. Open to specific members only 3. Closed to new entrants 4. Closed to future accrual
Defined Contribution (DC)	% (Min 8.5%)	% (min (age /10)-1)	1. Open to all 2. Open to specific members only 3. Closed to new entrants 4. Closed to future accrual

a. The past service deficit contribution is payable in addition to the contribution rates stated above. Please refer to Note 6 on page 2 for details.

b. If you do not allow new members to join either of the defined benefit (DB) structures a closed scheme surcharge will be payable. This is currently calculated as 3% of your current DB active members' pensionable earnings for the CARE 80th structure and 2.4% for the CARE 100th structure. These rates will be reviewed following each actuarial valuation and are expected to change with effect from 1 April 2012.

c. Are member contributions to be deducted under a salary sacrifice arrangement? (see Note 2 below)

Yes No

d. If the benefit structure indicated above is only available to certain members/employees, please specify the conditions for membership here: _____

The CARE Scheme

This form must be signed by both the Chair and the Secretary of the employer.

Signed: _____ Print Name: _____ Chair Date: ___/___/___

Signed: _____ Print Name: _____ Secretary Date: ___/___/___

Please return this form to The Pensions Trust, Verity House, 6 Canal Wharf, Leeds LS11 5BQ

Thank you for confirming the changes to the benefit structures you intend to offer to your employees under The CARE Scheme. Your changes will be acknowledged once they have been accepted. Please ensure that the person responsible for running your payroll is fully aware of these changes.

Employer Form of Authority Notes

These notes are provided to assist you in completing the 'Employer Form of Authority'.

The following notes are to be used when completing the 'Employer Form of Authority' for amendments to benefit structures after April 2011.

1. Three months notice is required for the introduction of the DC structure.
2. Two months notice is required for any other amendment, such as a change in contribution rates for the employer and member. This includes the change to contribution rates as a result of the introduction of a salary sacrifice arrangement where the member contribution will be 0% and the employer contribution will be the total future service rate applicable to the benefit structure.
3. The CARE 80th structure is only available to employers who were already offering this structure as at 1 April 2011.
4. If you are closing a benefit structure to future accrual, you must specify the alternative benefit structure which the affected members will be switching to.
5. The minimum employer contribution for the DC structure is 8.5%, with a minimum of (age/10)-1 payable by the member.
6. Past service deficit contribution: The past service deficit contribution is payable at the amount you have been advised in addition to the future service contribution rates shown above. This will be introduced from April 2012 and will be reviewed following each actuarial valuation.



The Pensions Trust

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