Annex G

The CARE Scheme (the Scheme)

Decision Form

Employer Name: Employer Name

Employer Number: EEmployer Number

We have carefully considered the information provided regarding the Scheme and confirm our decision below.

Section 1

Please tick **one** of the following:

- We wish to remain in the current defined benefit (DB) 80ths contracted-out structure ☐
- We wish to offer the defined benefit (DB) 100ths contracted-out structure from 1 April 2012 ☐
- We wish to offer the defined contribution (DC) structure from 1 April 2012 ☐

Section 2

Please complete the below information regarding the consultation you carried out with affected staff:

Number of employees: _____

Date consultation started: _____/ _____/ _____

Date consultation ended: _____/ _____/ _____

Responses attached: Yes ☐ No ☐

Section 2

In addition, we can confirm that there has been no material change in our organisation's financial and operational circumstances, or any further information available, which may affect The Pensions Trust's assessment of our organisation's covenant.

Name: _____

Job Title: _____

Signature: _____ Date: _____/ _____/ _____

Please send this Decision Form to Paul Smith by **18 November 2011** via:
Email: paul.smith@thepensionstrust.org.uk
OR Post: Paul Smith, Account Support Executive,
The Pensions Trust, Verity House, 6 Canal Wharf, Leeds LS11 5BQ