

Employer Form of Authority

Employer Name: _____

Employer Number: E _____

We give notice that the following decisions have been made regarding the benefit options we will be offering in the SFHA Pension Scheme. We understand all changes will be effective from 1 April 2011.

Section 1 – Benefit Options (please tick)

If your organisation wishes to offer more than one open benefit option, please nominate one benefit option as your organisation's 'open default benefit option' and indicate any alternative open benefit option(s) your organisation will offer.

The alternative benefit options your organisation selects should be limited to the benefit options that it offers to members prior to 1 April 2011. Please also indicate whether each option will be available to current staff and new starts.

If your organisation does not wish to offer more than one open benefit option, please indicate only the 'open default benefit option'; provided you have not closed the Scheme to new entrants this option will be available to your current and new employees.

	Final Salary 60ths	CARE 60ths	CARE 70ths	CARE 80ths	CARE 120ths
Open default benefit option for current/new members (delete as appropriate)					
(Optional) Open alternative benefit option(s) for current/new members (delete as appropriate)					

See overleaf

Section 2 - Contribution Rates

We understand the contribution rates will be as follows and undertake to apply the appropriate rate(s) from 1 April 2011:

Past Service Contributions:

The total past service contribution will be paid by the organisation. The monetary amount will be calculated based on the organisation's pensionable salary roll as at 30 September 2009 increased by 4.5% (the salary increase assumption used by the Scheme Actuary in the 2009 valuation).

Future Service Contributions:

The standard total future service contribution rate will be split 50% employer and 50% member for each of the benefit options as detailed below. However, the employer may elect to pay more than 50%; if this is the case, please indicate the split for your 'open default benefit option' in the box below.

Benefit Option	Employer Contribution Rate %	Member Contribution Rate %
Final Salary 60ths	9.6	9.6
CARE 60ths	8.6	8.5
CARE 70ths	7.4	7.5
CARE 80ths	6.6	6.6
CARE 120ths	4.7	4.7
Future Service Contribution Rate split for default option	*	

If you elect to pay more than 50% of the future service contribution rate and have elected to offer alternative benefits, the member will pay the difference between the employers agreed rate, noted above *, and the actual employer rate for the alternative option.

This form must be signed by both the Chair and the Secretary of the employer. Signatures on behalf of a Group structure cannot be accepted.

Signed: _____ Chair Date: ___/___/___

Signed: _____ Secretary Date: ___/___/___

Name(s) of Signatories (please print):

_____ Chair _____ Secretary

Please supply an email address that should be used for general SFHA Pension Scheme correspondence:

**Please return this Form of Authority no later than 28 February 2011 to
Susan Wardlaw, SFHA Scheme Secretary, The Pensions Trust, Conference House,
152 Morrison Street, Edinburgh EH3 8EB.**