

# PensionPlus opt out form

Complete this form if you **DO NOT** wish to participate in PensionPlus and return the form to the Pensions Office, 4.12 Virgil Building.

Surname:

First Name:

NI Number:

Department:

Home Address:

Payroll Number (if known):

I am an existing/new member of the Universities Superannuation Scheme (USS) and wish to opt out of PensionPlus.

I understand that I will be opted out from:

- 1 Next April following the date of this form – existing members
- 2 The date of joining USS – new members

## **Please read and sign the declaration below.**

I am currently a member of/about to joining USS and have read and understood the PensionPlus communications. I confirm that I wish to opt out of PensionPlus and understand that by opting out of this:

- I will make employee contributions direct to USS
- I will not benefit from any potential National Insurance savings that PensionPlus might otherwise achieve

## **Declaration by member**

Signed:

Date:     /     /

**Declaration by Employer** I confirm that the above named member has opted-out of PensionPlus

Signed:

Date:     /     /