



## Opt In Application Form

### Personal details

Employee name

---

Employee number

---

National Insurance number

---

Date of birth

---

Please complete the following:

Address

---

---

---

Postcode

---

Telephone

---

Email address

---

Please tick the box below and sign this form together with the Data Protection Declaration and Employing and HR manager consent form.

I want to join the TfL Pension Fund.

Signature

Date

---

**Please return the completed form to: TfL Pension Fund, Wing over Station,  
55 Broadway, London SW1H 0BD.**



## **Data Protection Statement**

### **Please read before completing and signing this form**

When this form is completed, it will contain personal information about yourself and this information is also known as “personal data”.

The Trustees of the Fund are a “data controller” of personal data held in respect of the Fund and, as such, are responsible for meeting legal requirements in relation to that personal data. More information about the way the Trustees process personal data is available on the Fund website, which can be found online at [www.tfl.gov.uk/pensions](http://www.tfl.gov.uk/pensions)

Some of the information provided may be “sensitive personal data” because it relates to your health.

If any sensitive personal data is provided when completing this form, the Trustees will need your explicit consent in order to use that sensitive personal data. To give that consent you need to read this statement carefully, ensure you are comfortable with the acknowledgments made below and then sign and date this form. Please return it to the Fund Office.

You have the right to withdraw consent to the Trustees using the sensitive personal data specified in this form at any time. However, if consent is withdrawn, this will not affect the processing of any personal data which took place beforehand.

If you wish to exercise your right to withdraw your consent, or if you have any queries about completing this form, please contact the Fund Office.

### **Your acknowledgement and consent**

I confirm that I have read and understood the information set out above before completing and signing this form.

I understand that the information provided on this form includes personal data (and may include sensitive personal data) about me. I understand that the Trustees will use the above information for the purpose of processing my application to opt-in to the Fund and give my consent to the Trustees to the extent that is required.

I consent to the Trustees obtaining medical information about me from my employing manager and/or HR manager in accordance with the Trustees’ opting-in policy.

In connection with the administration of the payment of the benefits to which this form relates, I acknowledge that the Trustees may disclose the information contained in this form to such of the Trustees’ professional advisers (including administrators, actuaries, auditors, lawyers and my employer) as the Trustees decide and give my consent to the Trustees to the extent it is required.

I also understand and acknowledge that the information that I am providing will be retained by the Trustees for as long as necessary to enable them to process my application to opt-in to the Fund, to deal with any queries that may arise, and in order to ensure the proper administration of the Fund.

### **DECLARATION**

By signing this form, I give the acknowledgements and consent (to the extent required) set out in the Data Protection Statement.

Signature

Date



## Opting-In Employing and HR Manager Consent Form

### From:

Employee name

---

Employee number

---

National Insurance number

---

Please read the Fund's Opting-In Policy before completing this form.

### Employer details (to be completed by applicant)

Name of Employing\* or HR\*  
Manager

---

(\*Please delete as appropriate)

Address

---

---

---

Postcode

---

Contact telephone number

---

- I confirm that I have read and understood the Opting-In Policy.
- I understand that my request of admittance/readmittance to 'full' membership of the Fund depends on me satisfying certain criteria.

Signature

---

Date

**Please return the completed Form to: TfL Pension Fund, Wing over Station,  
55 Broadway, London SW1H 0BD.**



## Opting-In Policy

### 1.0 Introduction

1.1 Under Rule 9(5) of the TfL Pension Fund any person who elects not to join the Scheme or who, having joined, ceases to be a Member may apply to the Secretary in writing to be admitted or readmitted (as the case may be) as a Member and provided that the Trustees and Participating Employer consent, he shall be admitted or readmitted (as the case may be) for the purposes of Rule 19 (Ill-health Retirement), Rule 24 (Widow's, Widower's or Civil Partner's Pension, Rule 24A (Survivor's Minimum Pension), Rule 25 (Dependants' and Eligible Children's Pension and/or Rule 26 (Lump Sum Death Benefits). The Trustees will determine the date of his admission or readmission but the consent of the Participating Employer will be required if such date is earlier than the beginning of the Scheme Year in which the application for admission or readmission is made.

Under Rule 9(6) of the TfL Pension Fund the Trustees may require a person who applies for admission or readmission under Rule 9(5) to give such evidence as to his state of health as they decide is appropriate for the purposes of Rules 24, 24A, 25 and 26.

1.2 The purpose of this policy is to detail the Trustees' requirements under this Rule and the extent of the Trustees' delegation to the Fund Office.

### 2.0 Delegation

2.1 The Trustees delegate to the Fund Office the authority to accept and approve applications for the purposes of Rules 24, 24A, 25 and 26 from persons who wish to be admitted or readmitted (as the case may be) to the Fund.

2.2 Such requests will be processed strictly in accordance with the procedure at 3.0 below.

### 3.0 Procedure

3.1 If the member applies to the Secretary in writing to be admitted or readmitted to the Fund (as the case may be), the Fund Office will arrange for membership to commence at the start of the next available pay period and contact his Employing or HR Manager to establish that none of the following apply:

- The Employing Manager is considering termination of the member's employment on health grounds
- The member is on long term sick leave or light duties for health reasons.

3.2 If the Employing or HR Manager advises that one or more of the points under 3.1 apply the application will not proceed. The Fund Office will advise the member that his membership of the Fund will not include any benefits in respect of Rules 24, 24A, 25 and 26. However, he may subsequently re-apply for the inclusion of these benefits if his health improves, but not within a six-month period.

3.3 If the member's health record is satisfactory the admission or readmission to the Fund (as the case may be) can include the benefits in respect of Rules 24, 24A, 25 and 26 from the commencement of membership as per 3.1 above.

**This policy is effective from 6 February 2013 and may be amended by the Trustees as they deem necessary and at such intervals as they decide.**