

Employer Contact Form

The information requested is mandatory to complete for Wiltshire Pension Fund to administer your Local Government Pension Scheme.

You must ensure that there is at least one contact assigned as an authority on each action for New Members, Leavers, Ill Health, Estimates and Annual Returns requests. Failure to do so will lead to a delay in processing those actions.

Employer Name	
Address	
Post Code	

Payroll Provider (if applicable)	
Address	
Post Code	

Pension Liaison Contact				
Contact Name				
Job Title				
Email Address				
Telephone Number				
New Members	Leavers	Ill Health	Estimates	Annual Returns

Payroll Contact				
Contact Name				
Job Title				
Email Address				
Telephone Number				
New Members	Leavers	Ill Health	Estimates	Annual Returns

Finance Contact				
Contact Name				
Job Title				
Email Address				
Telephone Number				
New Members	Leavers	Ill Health	Estimates	Annual Returns

HR Contact				
Contact Name				
Job Title				
Email Address				
Telephone Number				
New Members	Leavers	Ill Health	Estimates	Annual Returns

Additional Contact				
Contact Name				
Job Title				
Email Address				
Telephone Number				
New Members	Leavers	Ill Health	Estimates	Annual Returns

Additional Contact				
Contact Name				
Job Title				
Email Address				
Telephone Number				
New Members	Leavers	Ill Health	Estimates	Annual Returns