

PPSPM FORM

PREVIOUS PUBLIC SERVICE PENSION SCHEME MEMBERSHIP FORM

Section 1 - Please complete thi	15 Section.
Your name:	
National Insurance Number:	
Address:	
Postcode:	
Date of birth:	/ /
Email:	
Your Civil Service Pension Scheme I	•
Information you give here should be in respect of your first Civil one employment in the Civil Service, please give information on	Service employer. If you have had more than the first
Your Civil Service Pension Scheme Member Numb	ber:
Your Civil Service Employer:	
Start date with your employer (after March 2012):	/ /
	•
Your Previous Civil Service Pension	Scheme Membership:
Please tell us about your pensionable service with your previo employment with the Civil Service:	•
Name of Public Service Pension Scheme:	
Employer while a member of this scheme:	
Start date of the previous scheme membership:	/ /
End date of the previous scheme membership:	/ /
Previous scheme membership number (if known):	
Have you received a refund from this period of mer	mbership?
YES: NO:	
Have you transferred the benefits to another pensic	on provider?
YES: NO:	·
If yes - Please tell us the name of the scheme the b	penefits were transferred to
Date of transfer: / /	

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Are you receiving a pension from your previous public service pension scheme?	
YES: NO:	
If 'Yes' please confirm the date you started to receive your pension:	
Declaration:	
I declare that the information I have provided is true to the best of my knowledge	
Tick to confirm	
Next Steps:	
• Please send your form with section 1 completed to your previous public service scheme. They will then complete section 2 of the form and return this to MyCSP either directly or via yourself.	

• Once MyCSP receives your fully completed form we will confirm your Remedy eligibility.

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Section 2 - To be completed by the previous pensions service administrator

The person named above has given us information about their membership of your scheme. Please complete this form to allow us to confirm their details. Once complete, return the form to MYCSP at the address shown below or email contactcentre@mycsp.co.uk

MY CSP, PO BOX 2017, LIVERPOOL L69 2BU

We confirm that on the 31/03/2012, the individual who has completed Section 1 of this form was a member of our public pension scheme, or is eligible for Remedy in respect of Transitional Protection under the Public Service Pensions and Judicial Offices Act 2022:	
YES:	NO:
Dates of Pensi	onable Service
From:	
То:	
Any additional	comments:
Was Salary Lir	ok protection still in place at date of leaving scheme:
(This relates to member	ers who had continuous public service in the final salary and career average person of the salary are salary and career average person of the salary average person of the salar
YES:	NO:
determine if th Public Service	the information provided in this form is correct and may be used to e member noted above is eligible for any protections under the Pensions and Judicial Offices Act 2022 and the final salary link dule of the Public Services Pensions Act 2013.
Administrat	or details:
Signature:	
Name:	
Date:	

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