

Avon Pension Fund

Local Government Pension Scheme

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Bath & North East
Somerset Council



Stage 1 Disagreement form *(Must be made within 6 months of Initial Decision)*

IDRP S1

EMPLOYER / FORMER EMPLOYER:

1. ABOUT YOUR DISAGREEMENT

(Please fill in this part in all cases)

Who is your disagreement against? *(Please tick one box)*

The Employer named above

Avon Pension Fund

2. MEMBER DETAILS

(Please fill in this part in all cases)

SURNAME: TITLE:

OTHER NAMES:

ADDRESS:

DATE OF BIRTH: N.I. NUMBER:

3. DEPENDANT DETAILS

(Only fill in this section if you are a dependant)

SURNAME: TITLE:

OTHER NAMES:

ADDRESS:

DATE OF BIRTH: N.I. NUMBER:

PAY NUMBER:

RELATIONSHIP TO MEMBER:

4. REPRESENTATIVE DETAILS *(Only fill in this section if you are representing a member or dependant)*

SURNAME: TITLE:

OTHER NAMES:

ADDRESS:

I agree to represent the person named in 2 or 3 above

SIGNED: DATE:

Whose address should letters go to? *(Please tick one box)*

Yourself as representative:

The person you are representing:

