

Avon Pension Fund

Local Government Pension Scheme

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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: ☐

5. DETAILS OF YOUR DISAGREEMENT (Please give full details of the disagreement in this section)

- ***These details should be your account of the reason for disagreement, including any relevant dates, previous discussions and enclosing any relevant letters / documents that are related to your disagreement.***

- ***If you run out of space, please attach a separate sheet marked with NI number***

6. SIGNATURE

(Please fill in this section in all cases)

I would like the referee to look into this disagreement and make a decision about it. I am a...

Fund member: ☐ Prospective member: ☐ Former member: ☐

Former member's representative: ☐ Member's or dependant's representative: ☐

Under Section 50(9) of the 1995 Pensions Act, IDRP is not possible if any of the following applies:

Proceedings have commenced in a court or tribunal ☐
The Pensions Ombudsman has started an investigation ☐
It is prescribed by regulations made by the Secretary of State. ☐

Please ✓ if applicable

SIGNED: _____ DATE: _____