

Avon Pension Fund

Local Government Pension Scheme

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Stage 2 Disagreement form *(Application must be made within 6 months of Stage 1 review)* **IDRP S2**

EMPLOYER / FORMER EMPLOYER:

1. ABOUT YOUR DISAGREEMENT WITH STAGE 1 REVIEW *(Please fill in this part in all cases)*

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

The Employer named above

Avon Pension Fund

Date of Stage 1 review letter:

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:

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

Yourself as representative:

The person you are representing:

