

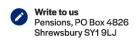
Administered by Shropshire Council

Notification of maternity, adoption or additional paternity absence

Full name:	
Address:	
Postcode:	
Personal No:	
National Insurance No:	
Employer:	
Reason:	
Date absence began:	Date returned to work:
lleve ver informed the meaning	
pension' from an authorised al Contribution SCAPC)? Please n	r that they can pay towards covering the 'lost osence via a Shared Cost Additional Pension ote members wishing to use this option must elect rk following the absence for this option to be a appropriate notice.
pension' from an authorised al Contribution SCAPC)? Please n within 30 days of returning to wor	osence via a Shared Cost Additional Pension ote members wishing to use this option must electric for the solution to be
pension' from an authorised al Contribution SCAPC)? Please n within 30 days of returning to wor available therefore must be giver	osence via a Shared Cost Additional Pension ote members wishing to use this option must electric for the solution to be
pension' from an authorised al Contribution SCAPC)? Please n within 30 days of returning to wor available therefore must be giver Yes	osence via a Shared Cost Additional Pension ote members wishing to use this option must electric for the solution to be
pension' from an authorised al Contribution SCAPC)? Please n within 30 days of returning to wor available therefore must be giver Yes No Unpaid Days:	Osence via a Shared Cost Additional Pension ote members wishing to use this option must electric for this option to be a appropriate notice. Unpaid period from: Additional Pension contributions to cover the
pension' from an authorised all Contribution SCAPC)? Please now within 30 days of returning to work available therefore must be giver the Now Mount Days:	Osence via a Shared Cost Additional Pension ote members wishing to use this option must electric for this option to be a appropriate notice. Unpaid period from: Additional Pension contributions to cover the









Administered by Shropshire Council

If you answered yes, please forward a copy of the completed application form.

Have contributions been made by the employee to cover unpaid period?

Yes

No

For completion by Authorising Signatory

Name:

Job Title:

Email address:

Date:

Signed:

Please return this form using i-Connect document upload. See the i-Connect document transfer guide on our website for further details.

The Shropshire County Pension Fund is a data controller under data protection legislations. This means we store, hold and manage personal data in line with statutory requirements to enable us to provide pensions administrations services. The fund has a memorandum of understand which provides more information. To enable us to carry out our statutory duty, we are required to share information with certain bodies but will only do so in limited circumstances. For more information about how we hold data, who we share it with and what rights scheme members have to request information from the Fund, please visit www.shropshirecountypensionfund.co.uk

June 2025





