

CONTROLLED ONCE COMPLETED

APPLICATION FOR ADJUDICATION OF A DISAGREEMENT

This form is to appeal a decision made about your Local Government Pension Scheme (LGPS) pension (or prospective pension) that you disagree with. Under the Application for Adjudication of Disagreements Procedure (AADP), an application at stage 1 will require the appropriate adjudicator to investigate and respond to you. At stage 2, this form will instruct Derbyshire County Council, as the administering authority, to reconsider a determination made at stage 1.

Section 1 – Member's details

If you are the member (the person who is or was in the LGPS), or a prospective member (a person eligible to be a member), please give your details in this section. Then go to Section 4.

If you are the member's dependant (for example, their spouse, or child), please give the member's details in this section, and complete your details in Section 2.

If you are representing the person with the complaint, please give the member's details in this section. Then go to Section 3.

| | | | |
|---------------|------------|---------------------------|--|
| Surname | | Title | |
| Forename(s) | | | |
| Address | | | |
| Date of birth | dd/mm/yyyy | National Insurance number | |
| LGPS employer | | | |

Section 2 – Dependant's details

*If you are the member's dependant and the complaint is about a benefit for you, please give **your** details in this section and then go to Section 4.*

If the complaint is about a benefit for a dependant and you are the dependant's representative, please give the dependant's details in this section and then go to Section 3.

| | | | |
|---------------|------------|------------------------|--|
| Surname | | Title | |
| Forename(s) | | | |
| Address | | | |
| Date of birth | dd/mm/yyyy | Relationship to member | |

Section 3 – Representative's details

If you are the member's or dependant's representative, please give your details in this section.

| | | | |
|---------------------------|--|-------|--|
| Surname | | Title | |
| Forename(s) | | | |
| Address | | | |
| Address to send responses | | | |

Section 4 – Your complaint

Please give full details of why you wish to appeal, giving any dates or periods of LGPS membership that you think are relevant.

If there is not enough space, please attach a separate sheet and write the name and National Insurance number of the member named in Section 1.

Please also attach any employer decision letter or notification or any other information you think might be helpful.

Section 5 – Declaration

I would like my complaint to be considered and a decision made about it.

Pursuant to the Data Protection Act 2018, I authorise the LGPS employer named in Section 1 and Derbyshire Pension Fund, to disclose any necessary LGPS pension information and personnel records, including occupational health, employee welfare and attendance management records, to the adjudicator.

I understand that sensitive information may need to be provided to the adjudicator, whether that adjudicator is employed by, or has delegated authority to act for, the LGPS employer, or Derbyshire County Council in its role as the LGPS administering authority for Derbyshire Pension Fund.

I understand that to enact the determination of the appeal, sensitive information may need to be shared between Derbyshire Pension Fund and the LGPS employer.

Please tick the one that applies:

I am the LGPS member/former member/prospective member.

I am the dependant of a former member

I am the representative of the member/dependant (*further authority to release data will be requested*)

Appeal stage

Please tick the one that applies:

I am appealing at AADP Stage 1. My appeal relates to a decision by my employer

I am appealing at AADP Stage 1. My appeal relates to a decision by Derbyshire Pension Fund

I have received a decision at AADP Stage 1 and I am now escalating my appeal to AADP Stage 2

| | | | |
|------------|--|-------|------------|
| Signature* | | Date | dd/mm/yyyy |
| Email | | Phone | |

Once completed please send to pensions.regs@derbyshire.gov.uk
or Derbyshire Pension Fund, County Hall, Matlock DE4 3AH.

If sending by email, you are responsible for the security of the personal data supplied on this form.

*Signing your form

You can sign this form in Microsoft Edge by selecting “Draw” on the toolbar. You can then save the form so it can be attached to an email.

If you are using another internet browser, download or save the form and then select “Fill & Sign” in Adobe Acrobat, or “Annotate” if using another PDF viewer. You can then add your signature.

Who will review your appeal

Stage 1 - If your employer made the decision you are appealing against, the adjudicator specified by your employer will review the appeal. Or, if you are appealing against a decision made by Derbyshire County Council as your employer, or by Derbyshire Pension Fund it will be reviewed by Mary Fairman, Assistant Director, Legal Services, Derbyshire County Council.

Stage 2 - Derbyshire Pension Fund will make arrangements for adjudications at Stage 2. The Adjudicator at Stage 2 will have had no prior involvement in the case.

Time limits under the Application for Adjudication of Disagreements Procedure

| Your situation | Appeal reviewed by | Time Limit |
|--|--|--|
| You have received a decision on your LGPS benefits from your employer or administering authority, and there seems to be good grounds for complaining. | The specified person under the first stage of the procedure. | 6 months from the date when you were notified of the decision. |
| You have received a stage 1 decision on your complaint from the specified person, but you are not satisfied. | The relevant administering authority under stage 2 of the procedure. | 6 months from the date of the specified person's decision. |
| You made your complaint in writing to the specified person, with all the information they needed but 3 months later, you have not received their decision on your complaint or any interim reply. | The relevant administering authority under stage 2 of the procedure. | 9 months from the date when you submitted your complaint. |
| You received an interim reply to your complaint to the specified person, within 2 months of applying to them. Their reply promised you a decision by a specified date but, one month after the specified date, you still have not received their decision. | The relevant administering authority under stage 2 of the procedure. | 7 months from the date by which you were promised you would receive a decision. |
| Your complaint is that your employer or administering authority have failed to make any decision about your LGPS benefits. | The specified person under stage 1 of the procedure. | 6 months from the date when the employer or administering authority should have made the decision. |
| Your complaint went to the administering authority under stage 2 of the procedure. You received their decision, but you are still not satisfied. | The Pensions Ombudsman. Note that the Ombudsman will normally expect you to have asked MAPS (maps.org.uk) for help first. | 3 years from the date of the original decision about which you are complaining. |
| You have taken your complaint to the administering authority under stage 2 of the procedure but 2 months after the authority received your complaint, you have not received their decision on your complaint or any interim reply. | The Pensions Ombudsman. Note that the Ombudsman will normally expect you to have asked MAPS (maps.org.uk) for help first. | 3 years from the date of the original decision about which you are complaining. |
| You received an interim reply to your stage 2 complaint to the administering authority, within 2 months of applying to them. Their reply promised you a decision by a certain date but, by that date, you still have not received their decision. | The Pensions Ombudsman. Note that the Ombudsman will normally expect you to have asked MAPS (maps.org.uk) for help first. | 3 years from the date of the original decision about which you are complaining. |