

**CAMBRIDGE UNIVERSITY ASSISTANTS' CONTRIBUTORY PENSION SCHEME (CPS)
Defined-Benefit section Joiner Registration**

N.B. A form need not be completed for an eligible employee who has transferred from associated employment without a break in service and who was a member of the Scheme in respect of that employment.

SECTION A

To be completed by your Departmental Administrator or HR Consultant, as appropriate

Title	Surname	Other Names	
Employer		Department	
Payroll Number		N.I. Number	
Date Employment Commenced		Date Joined Scheme	
Grade:	Hours:	Full-Time Salary:	Actual Salary:
Signed:		Date:	
for Head of Department/on behalf of Employer			

SECTION B

To be completed by the Employee

Date of Birth		Marital Status	
Previous Name(s) [if any]			
Spouse's* Name			
Spouse's* Date of Birth			
Eligible Children:*	Name	Date of Birth	
1		[youngest]	
2			
3			
4			
1. Have you previously been a member of the Cambridge University Assistants' Contributory Pension Scheme? If YES please state dates of membership: From:			YES
To:			NO
2. I authorise my employer to deduct from my salary the contributions which I am required to contribute to the Scheme.			
3. I confirm that I have received a copy of the Assistant Staff Handbook and/or the relevant information about the Scheme contained in the Explanatory Note.			

Employee's Signature: Date:

Please print your full name:

**Please return this form, together with an original or a certified copy† of your birth & marriage certificate (if applicable) to:-
the CUACPS Office at Greenwich House, Madingley Road, Cambridge, CB3 0TX**

†A certified copy is a photocopy signed & dated by your Head of Department 'This is a true copy of the original certificate'.

All original certificates will be returned direct to the member.

* **For definitions see over**

PLEASE NOTE - THIS FORM IS NOT VALID WITHOUT THE COMPLETION OF BOTH SECTIONS A & B. PLEASE ENSURE YOUR DEPARTMENTAL ADMINISTRATOR OR HR CONSULTANT COMPLETES SECTION A BEFORE IT IS SENT TO PENSIONS SECTION.

DEFINITIONS

“Spouse” in relation to a deceased individual means:

- (a) the person (if any) to whom they were married at the date of death or their Registered Civil Partner; and
- (b) the person (if any) of the same or the opposite sex as the deceased individual with whom they were co-habiting at the time of their death provided such person was financially dependent on the deceased individual at the time of the death or such person and the deceased were financially interdependent at the time of the death;

Provided that:

- (c) in relation to a deceased individual who has entered into polygamous marriages the person falling within paragraph (a) above shall be that person who is treated as the deceased individual's widow or widower in relation to State scheme benefits; and
- (c) if two or more persons fall within paragraphs (b) or (c) above the Trustee shall in its absolute discretion determine which of them shall be treated as falling within this definition such that a maximum of two persons shall do so, including any person falling within paragraph (a).

“Eligible Child” means a Child who:

- (a) is below age 18; or
- (b) is below age 23 and undergoing full-time education or vocational training; or
- (c) is suffering from some mental or physical disability rendering them unable to support themselves financially (irrespective of age).