



Guide to the Worcestershire Pension Fund Internal Dispute Resolution Procedure (IDRP)

Decisions and Applications for adjudication of
disagreements

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APPLICATION FORM

Application under the Local Government Pension Scheme (LGPS) Appeal Procedure

I confirm that I have read the LGPS Appeal Procedure guidance notes and understand that this procedure is an application for adjudication of a disagreement (encompassing the Internal Disputes Resolution Procedure (IDRP)).

You can use this form:

- to apply to the adjudicator at Stage One if you want them to investigate a complaint concerning your benefits; and
- to apply to the Administering Authority if you want them to reconsider a decision made by the adjudicator.

1. Member's details:

If you are the member (the person who is or was in the Scheme), or a prospective member (a person who is eligible to be a member of the Scheme), please give your details in this box. You can then go straight to **box 4**.

If you are the member's beneficiary (for example, their husband, wife or child), please give the member's details in this section, and then go to **box 2**.

If you are representing the person with the complaint, please give the member's details in this section, and then go to **box 3**.

Please write clearly in in, and use capital letters in boxes 1, 2, 3 and 4.

Full Name	Mr/Mrs/Miss/Other (please specify)
Postal Address including post code	
Telephone Number	
Date of Birth	
Employer	
National Insurance Number	



Please tick one of the two statements below

I am appealing under Stage 1 of the IDRП	
--	--

Or

I am appealing under Stage 2 of the IDRП, and I can confirm I have been through Stage 1 of the IDRП procedure.	
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2. Beneficiary's details:

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

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

Full Name	Mr/Mrs/Miss/other (please specify)
Postal Address including post code	
Date of Birth	
Relationship to Member	

3. Representative's details:

If you are the member's beneficiary's representative, please give your details in this box.

Full Name	
Postal Address including post code	
Telephone Number	

4. Correspondence

Please confirm how you would prefer to receive correspondence:

Via post*, or	
Via email to the following email address* (please write clearly):	
Email	

*Delete as appropriate



5. Your complaint

Please give full details of your complaint in this box. Please try to explain exactly why you are unhappy, giving dates or periods of LGPS membership that you think are relevant.

If there is not enough space, please go on to a separate sheet and attach it to this form. Remember to write your name and national insurance number at the top of any separate sheet if you are a member. Or, if you are not a member, put the member's name and national insurance number at the top of any separate sheet.

Complaint:



6. Your signature

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

Member/former member/prospective member*	
Beneficiary of a former member*	
Member's representative/beneficiary's representative*	

Signed:	
Date:	

7. Supporting Documentation

Please enclose a copy of any notification of the decision you are complaining of which has been issued by the employer or Administering Authority. Also enclose all other letters of notification that relate to the case.

8. Sending your completed form and supporting documentation

Please send your completed form and supporting documentation either via email or by post to the details set out below.

Richard Sultana

Head of Pensions Administration

Worcestershire Pension Fund

County Hall, Spetchley Road, Worcester, WR5 2NP

Or by email to: WPFEngagement@worcestershire.gov.uk