**EMPLOYER PENSION AND EMPLOYEE BENEFITS QUESTIONNAIRE**

Please complete all sections below, providing as much information as you can, and return this as soon as possible to IP firm name & address. Where necessary, please continue your answers on a continuation page.

It is important that information about each individual scheme is recorded separately. If more than one arrangement exists, please use one copy of this Questionnaire per scheme, by photocopying the blank document for the requisite number of schemes, or by contacting our office (see the details in the attached letter) for an electronic version.

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| --- | --- | --- | --- |
| **Employer’s name (‘The Employer’)** | |  | |
| **Your name** | |  | |
| **Your position** | |  | |
| **Your contact details** | Email address: | | Telephone No: |
| I authorise IP name of IP firm name to request The Pensions Service to provide them with details of all pension schemes connected with the Employer and confirm that the facts set out below are correct  Signature: | | | |

|  |  |
| --- | --- |
| Please provide the contact details of any financial or employee benefit advisers who assisted in setting up or running any pension or benefit schemes listed below. | |
| Adviser 1 |  |
| Adviser 2 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of auto/re-enrolment** | | | | |
| What is the employer’s next re-enrolment date? | |  | | |
| Company’s PAYE reference? (e.g., 123/AB1234) | |  | | |
| Company’s PAYE Account Office Reference  (e.g., 123/AB12345678) | |  | | |
| Letter Code from the Pensions Regulator 10-digit reference | |  | | |
| Has the employer registered a pension scheme with the Pensions Regulator to meet its obligations under Auto Enrolment? If yes, please provide full details below | | YES | | NO |
| Has the employer ever received a Warning Notice, Compliance Notice, or an Unpaid Contribution Notice from the Pensions Regulator? If yes, please provide details | | YES | | NO |
| **Details of pension scheme used to satisfy Auto Enrolment requirements** | | | | |
| Scheme name and address |  | | | |
| Scheme provider and reference number |  | | | |
| Employer Pension Scheme Reference (EPSR) number, or Pension Scheme Registry Number (PSRN) |  | | | |
| What documents are kept recording the identity of 'workers' and to record any workers who opted not to join? |  | | | |
| **Pension scheme** | | | | |
| Does the employer operate a pension scheme for staff, or has it done in the past? If 'Yes' please advise: | YES | | NO | |
| Full Scheme Name: |  | | | |
| Scheme Type:  (Indicate as applicable) | Final salary / Money Purchase / Group  Personal Pension / Other (please advise) | | | |
| Name and contact details of Scheme Trustees: |  | | | |
| Name and contact details of Scheme Administrator: |  | | | |
| Contact details of Insurer and Scheme/Policy number: |  | | | |
| **Life assurance schemes** | | | | |
| Is there a separate life assurance scheme? If 'Yes' please advise: | YES | | NO | |
| Full Scheme Name: |  | | | |
| How was it established? | Trust based | | Policy based | |
| Name and contact details of trustees (if applicable): |  | | | |
| Name and contact details of Scheme Administrator: |  | | | |
| Contact details of Insurer and Scheme/Policy number: |  | | | |
| **Health Protection Scheme** | | | | |
| Is there a Permanent Health (Income Protection) scheme? |  | | | |
| Scheme Name: |  | | | |
| Insurer and policy number: |  | | | |
| **Private Medical Insurance** | | | | |
| Is there a private medical insurance scheme? |  | | | |
| Scheme Name: |  | | | |
| Insurance and policy number: |  | | | |
| **Other employee benefit schemes** | | | | |
| Are there any other employee benefit schemes? |  | | | |
| Scheme name |  | | | |
| Type of scheme |  | | | |
| Insurer and policy number |  | | | |
| Contact telephone number |  | | | |