# APPENDIX 2 – CAREER BREAK FINANCIAL AGREEMENT

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| FULL NAME | CCG SERVICE AREA |
|  |  |
| PERSONAL NUMBER | START DATE WITH THE CCG |
|  |  |
| START DATE OF CAREER BREAK | DATE OF RETURN TO WORK |
|  |  |

I confirm that:

I understand that I have the option to decide whether my career break should be pensionable for a period of up to two years;

I understand that, should I decide that I would like my career break to be pensionable, I remain liable for monthly pension contributions for the period and that, for the first six months of the career break, I will pay my own contributions and that the CCG will continue to pay employer’s contributions;

I understand that, if I pay my contributions continuously for the first six months of the career break, I may continue to pension the break for a further period of up to 18 months. During this additional period, I will be liable to pay both my own, and the CCG’s contributions;

I understand that contributions will be based on my normal earnings;

I agree to make monthly payments to CCG via standing order/Direct Debit.

I understand that, if I fail to make my contributions as agreed, my pension record will be closed down at the date of the last contribution made.

Please select ONE of the following four options.

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| Option 1 | I do not wish my career break to be treated as pensionable service and understand that my pension record will be closed down at the start of my break with no contributions payable OR |  |
| Option 2 | I wish to treat up to the initial six months of my career break as pensionable and undertake to pay monthly employee contributions via standing order/Direct Debit OR |  |
| Option 3 | I wish to treat my career break as pensionable for a period of months. I undertake to pay monthly employee contributions for the first six months and both employee’s and employer’s contributions for the remainder of the period. All contributions will be made via standing order/Direct Debit OR |  |
| Option 4 | I wish to treat my career break as pensionable for the maximum period of two years. I undertake to pay monthly employee contributions for the first six months and both employee’s and employer’s contributions for the remaining 18 months of the period. All contributions will be made via standing order/Direct Debit. |  |

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| SIGNATURE OF EMPLOYEE | DATE |
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