



Employer Contacts

To ensure that you receive important information about the scheme, please complete the contacts form below.

Once registered for the Secure Employer area, your nominated authorised users can also maintain contacts within that area. To register nominated users complete the authorisation form [here](#)

Note that even if you have a third party payroll provider, you should ensure that your own internal contacts are represented. Your third party payroll provider will not be able to update your internal contacts in the Secure Employer Area, you will need to nominate your own internal users for the Secure Employer Area to be able to do this (or fill in this form).

Please advise us promptly when changes are made to the contacts listed. Please return to the LPP Engagement Team.

(Email: Engagement@localpensionspartnership.org.uk)

Name of Employer _____ Employer Ref _____
 Website Address _____
 Corporate email address _____

Contact 1:

Name _____
 Position _____
 Address _____
 Postcode _____
 Telephone Number _____ Ext. _____
 Email Address _____

Tick role(s) as appropriate:

HR		Payroll		Contributions payment	
Finance (FRS/IAS)		Medical Practitioners		Data Collection Files	
Discretions		Pension Strain		Regulatory Updates	
Valuation		Rechargeable pensions		Chief Financial Officer	

Contact 2:

Name _____
 Position _____
 Address _____
 Postcode _____
 Telephone Number _____ Ext. _____
 Email Address _____

Tick role(s) as appropriate:

HR	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Contributions payment	<input type="checkbox"/>
Finance (FRS/IAS)	<input type="checkbox"/>	Medical Practitioners	<input type="checkbox"/>	Data Collection Files	<input type="checkbox"/>
Discretions	<input type="checkbox"/>	Pension Strain	<input type="checkbox"/>	Regulatory Updates	<input type="checkbox"/>
Valuation	<input type="checkbox"/>	Rechargeable pensions	<input type="checkbox"/>	Chief Financial Officer	<input type="checkbox"/>

Contact 3:

Name _____
 Position _____
 Address _____
 Postcode _____
 Telephone Number _____ Ext. _____
 Email Address _____

Tick role(s) as appropriate:

HR	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Contributions payment	<input type="checkbox"/>
Finance (FRS/IAS)	<input type="checkbox"/>	Medical Practitioners	<input type="checkbox"/>	Data Collection Files	<input type="checkbox"/>
Discretions	<input type="checkbox"/>	Pension Strain	<input type="checkbox"/>	Regulatory Updates	<input type="checkbox"/>
Valuation	<input type="checkbox"/>	Rechargeable pensions	<input type="checkbox"/>	Chief Financial Officer	<input type="checkbox"/>

Further contacts can be submitted on an additional sheet/form

Completed by (signed): _____
 Please print name: _____
 Position: _____
 Date completed: _____