

Pensions Contribution Remittance (PCR) Portal New Employer/Provider Administrator Form

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| Nominated Administrator's full name: | |
| Position Held: | |
| Contact Telephone number: | |
| *Email: | |
| Local Government Pension Scheme (LGPS) Employer Name: | |
| Name and details of user's employer (if different from the employer named above) | |

Declaration:

I understand that I will be given an account login and password which will give me access to the PCR Portal.

I understand that as Administrator, I will have access to an additional page on the PCR Portal where I can edit existing user privileges, submit requests for new users, notify the Pension Fund of onboarding employers and notify the Pension Fund of employers leaving the provider, either via exiting the scheme or joining a new provider.

I undertake to use the data I am given access to for the purposes of pension administration and data checks only and to keep personal data secure. I will treat all personal data confidentially and in accordance with the UK General Data Protection Regulation and the Data Protection Act 2018 (as amended by the Data (Use and Access) Act 2025).

I will not allow anyone else to use my account(s) and will not divulge the login details to anyone. I will not record my login details in a format where they could be used by someone else to gain access to the Employer Area.

I understand that I am responsible for all activities recorded against my accounts.

Signed:

Date:

Authorisation

(to be signed by a Chief Officer/Senior Manager of the Employing Authority - this must be someone other than the person making the access request)

I confirm that the nominated user is hereby authorised to access the area. I confirm that data protection training has been provided to them, and appropriate processes and systems are in place in this organisation to ensure compliance with the principles of the UK General Data Protection Regulation and the Data Protection Act 2018 (as amended by the Data (Use and Access) Act 2025). We will inform LPPA if the nominated user leaves employment or is otherwise no longer authorised.

Signed:

Print Name:

Position:

Please scan and return to:

PensionsEmployerRisk@lancashire.gov.uk and PensionsFinance@lancashire.gov.uk