

IDRPapplication november 2020

**Lincolnshire**

Pension Fund

**West Yorkshire Pension Fund**

Application under the Internal Dispute Resolution Procedure

**Use this form**

1. to apply to the nominated person at stage 1 of the internal dispute resolution procedure if you want them to investigate a complaint concerning your pension, and
2. to apply to the administering authority if you want them to reconsider a determination made by the nominated person.

**Please write clearly in ink, and use capital letters in parts 1, 2 and 3**

**Part 1 – member 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 section. You can then go straight to **part 4**.
* If you are the member’s dependant (for example, their husband, wife or child), please give the member’s details in this section, and then go to **part 2**.
* If you are representing the person with the complaint, please give the member’s details in this section, and then go to **part 3**.

**Full name**

**Home address**

**Date of birth**

**National Insurance number**

**Employer**

**Part 2 – dependant details**

* If you are the member’s dependant and the complaint is about a benefit for you, please give **your** details here then go to **part 4**.
* If the complaint is about a benefit for a dependant and you are the dependant’s representative, please give the dependant’s details here then go to **part 3**.

**Full name**

**Home address**

**Date of birth**

**Relationship to member**

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**Part 3 – representative details**

If you are the member’s or dependant’s representative, please give your details here.

**Surname**

**Home address**

**Correspondence address if different**

**Part 4 – your complaint**

Write the full details of your complaint here. Please try to explain exactly why you are unhappy, giving any dates or periods of pension scheme membership that you think are relevant.

**If there is not enough space, please use 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.

**Part 5 – your signature**

I would like my complaint to be considered and a decision to be made about it. I am a (tick one box):

Scheme member/former member/prospective member Dependant of a former member

Member’s representative/dependant’s representative

**Signed**

**Date**

**Part 6 – enclosures**

**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 any other letter or notification that you think might be helpful.**

**Please send this form to**

**West Yorkshire Pension Fund PO Box 67**

**Bradford BD1 1UP**

* **We will forward your complaint to the relevant adjudicator**

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