

## Employers delegation form

It is an employer's responsibility to ensure all the data we receive is correct. However, you can delegate some administration duties to your payroll provider if you wish.

This delegation form authorises Peninsula Pensions to accept data and completed pensions forms directly from your payroll provider. The responsibility for the timely and accurate provision of data and contributions still remains with you as the employer.

**Please complete ALL fields and return to the Employer & Communications Team, Peninsula Pensions.**

Employer Name	
Employer Number	
Contact at Employer	
Email of Contact	
Telephone number of contact	

**Please complete the details of the delegated persons below**

Delegated Authority	
Name of authorised signatory (1)	
Signature	
Email	
Telephone No.	

Name of authorised signatory (2)	
Signature	
Email	
Telephone No.	

**I authorise the above persons to complete the following forms on behalf of the above employer.**

Starter Form	Yes/No
Leaver Form	Yes/No
Hour change form	Yes/No
Monthly Contribution Return	Yes/No
Annual Returns	Yes/No

I understand and agree to the following.

- \* The above delegated authority is not responsible for the information provided and is acting only as an agent on behalf of the employer.
  
- \* The responsibility for the timely and accurate provision of data and contributions remains with the employer and if any issues arise it will be the employer that will be accountable under the LGPS Regulations not the delegated authority.
  
- \* All emails must be sent securely. The delegated authority must be able to use either Egress switch in accordance with Devon County Council's email policy.

Signed  
Name  
Position  
Date
