

Internal Dispute Resolution (Stage 1)

Please complete this form and email to:
cspensions@finance-ni.gov.uk with evidence of identification*

Please note that your case can only be looked at under Stage 1 of the Internal Dispute Resolution procedures if you apply within three months from the date of the original decision unless limited exceptional circumstances apply.

All personal information will be held in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

Under the provisions of the Pensions (Northern Ireland) Order 1995, occupational pension schemes are required to have a formal two tier Internal Dispute Resolution (IDR) procedure.

This form should be completed when requesting a written explanation to a decision which you disagree with.
This is the first stage of the two tier Internal Dispute Resolution (IDR) procedures.

Your Personal Details:

Title:	Surname:	Forenames:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:		Date of Birth:
<input type="text"/>		<input type="text"/>
<input type="text"/>		NI Number/CSP Number
Postcode:		<input type="text"/>
Personal email address:		Tel.Number:
<input type="text"/>		<input type="text"/>

You may wish someone else to take forward the appeal on your behalf, such as a Trade Union Official, Welfare Officer, Spouse, Partner or friend. If this is the case you must nominate the person in the nomination box provided. You may also seek assistance from The Pensions Ombudsman (TPO) whose address and telephone number can be found in the leaflet “**Internal Dispute Resolution Procedures**” which you should already have received. However, if you need a copy you can download it from our website:
www.finance-ni.gov.uk/civilservicepensions-ni

Your Representative's Details:

Title:

Surname:

Forenames:

Address:

Tel.Number:

Postcode:

Email address:

Who would you like CSP to communicate with? (Please tick box)

Yourself:

Your representative:

Details of your appeal:

Please provide details of why you wish to appeal (Use a separate sheet if necessary. Make sure you include your full name and staff, pension payroll or National Insurance number.)

How would you like the matter put right?

Details of financial loss:

If you think the matter you are appealing about has caused you to suffer a financial loss, please give details below.

Declaration

By ticking this box I declare that I am the person named in the 'Your Personal Details' section of this form and that the information provided is true and accurate. I also declare that I am aware that the provision of false information may lead to prosecution.

By ticking this box I declare that I have adhered to the confirmation of identity requirements set out below.

- * **To enable us to verify your identity you must submit a scanned or photographic copy of your driver licence or passport. If you submit your driver licence this will also serve to confirm your address. If you submit your passport to verify your identity you must also submit a photographic or scanned copy of a recent utility bill dated within the last three months to confirm your address.**

Date:

Completed forms should be returned to: cspensions@finance-ni.gov.uk

All personal information submitted to Civil Service Pensions is held in accordance with the Civil Service Pensions Privacy Policy which is published on the CSP(NI) website:

www.finance-ni.gov.uk/civilservicepensions-ni