

## Childcare Vouchers Salary Sacrifice - Amendment of Terms Form

- a) This form refers to the current Salary Sacrifice Agreement between the Employer and the Employee named below (the "Agreement").
- b) This form, completed in full by the Employee, will not become effective until **posted directly to the Employer and received** and accepted by the Employer. The Employer's acceptance will be deemed to have taken place at the date on which the amendment or cessation of the provision of the Childcare Vouchers is implemented by the Employer.

**NAME OF EMPLOYER (Member of Parliament):** \_\_\_\_\_

### SECTION 1: EMPLOYEE INFORMATION

Title:	First Name:	Surname:
Job Title:	Date of Birth:	
National Insurance Number:	Payroll Number:	
Home Address:		
		Post Code:
Email Address:	Work Telephone Number:	

### COMPLETE EITHER 2A OR 2B

#### SECTION 2A: APPLICATION TO AMEND THE SACRIFICE VALUE (The Sacrifice Value is the value, per month, of Childcare Vouchers provided to the Employee under the current Salary Sacrifice Agreement).

I wish to amend the Sacrifice Value and receive a different monthly value of Childcare Vouchers	
<b>CURRENT Sacrifice Value</b> : £	
<b>REDUCE Sacrifice Value</b> : £	<b>MY LIFESTYLE CHANGE</b> (required in all cases) -
<b>INCREASE Sacrifice Value</b> : £	<b>MY LIFESTYLE CHANGE</b> (required in all cases) -

#### SECTION 2B: APPLICATION TO TERMINATE THE AGREEMENT

I wish to terminate the Agreement.	<b>TICK HERE</b> [ <input type="checkbox"/> ]
<b>MY LIFESTYLE CHANGE</b> (required in all cases) -	

### SECTION 3: DECLARATION

By completing section 1 in addition to completing EITHER section 2a OR section 2b, and signing this form, I am making an application to my Employer to amend or terminate my current Salary Sacrifice Agreement.

I understand and agree that this application will become effective only following its receipt and acceptance by my Employer. I have confirmed my Lifestyle Change where required in section 2a or section 2b.

Signature (Employee): ..... Date: .....

Approved by Employer:

Member's name..... Member's signature.....

Constituency..... Date.....

=====

**PLEASE POST THIS PRINTED AND SIGNED FORM TO:**

**Payroll Department  
IPSA  
2<sup>nd</sup> Floor  
85 Strand  
London  
WC2R 0DW**

***If you have any queries regarding completing the form, please call the Accor Services Helpdesk on 0800 247 1277***

FORM CCV/JR/ ENROLMENT /JAN09