# Report of suspected non–remittance/non-payment of contributions

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| Contact details of the various parties involved |
| 1. **Person completing this report**
 |
| Report completed by: |  |
| Organisation: |  |
| Telephone number: |  |
| Your role: |  |
| Address:  |  |
| E-mail address:  |  |
| 1. **Life office/administrator/trust RAC/PRSA (if different from above)**
 |
| Name: |  |
| Organisation: |  |
| Telephone number: |  |
| Your role: |  |
| Address:  |  |
| E-mail address:  |  |

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| 1. **Broker/intermediary associated with the scheme/trust RAC/PRSA (if different from above)**
 |
| Name: |  |
| Organisation: |  |
| Telephone number: |  |
| Your role: |  |
| Address:  |  |
| E-mail address:  |  |

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| Scheme/trust RAC/PRSA details and employer details |
| PB number (occupational pension scheme/trust RAC only) or PRSA product reference number: |  |
| Scheme/trust RAC/PRSA product name: |  |
| Employer name: |  |
| Is employer in liquidation/ receivership/dissolved or have they ceased trading?  |  |
| Last known address of employer:  |  |
| Companies Registration Office (CRO) number of employer, if known: |  |
| Employer type (sole trader, partnership, limited company, DAC etc.): |  |
| Role and contact details of the representative of the employer you are dealing with:  |  |
| Trustee name(s) (occupational pension scheme/trust RAC only): |  |
| Trustee address(es) (occupational pension scheme/trust RAC only): |  |

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| Preliminary contribution analysis[[1]](#footnote-1) |
| Insert an estimate of the total arrears due: | **Employer:** | **Employee:** | **AVC:** |
| € | € | € |
| List the months for which contributions are outstanding[[2]](#footnote-2): |  |
| How many employee(s) are affected? |  |
| Outline any relevant details regarding changes in the membership of which you are aware or other additional relevant information concerning the above: |
| *Insert response.* |

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| Other information required |
| 1. Explain when and how you became aware that there is, or may be, an issue with non-remittance of employee and/or employer contributions. Please indicate whether an employee or any other person has complained about non-payment. Have you had any contact with the employer in relation to this?
 |
| *Insert response.* |
| 1. Have you investigated the possibility that contributions may have been re-directed to another party? (e.g., intermediary, or other department within your organisation) – please give details.
 |
| *Insert response.* |
| 1. Were the arrears accumulated because of a payment error (e.g., direct debit) or unallocated monies being returned? If yes, please give details.
 |
| *Insert response.* |
| 1. Is there evidence to indicate that contributions were deducted from salary e.g., payslip? If so, attach copy.
 |
| *Insert response.* |
| 1. Outline the reason (if any) given by the employer for non-remittance (of employee contributions) and/or non-payment (of employer contributions).
 |
| *Insert response.* |
| 1. Has the employer offered any solution to pay outstanding contributions? If yes, give details.
 |
| *Insert response.* |
| 1. Are you aware of any other associated employers/pension schemes/trust RACs/PRSAs linked with this employer?
 |
| *Insert response.* |

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| Notifications regarding non-remittance[[3]](#footnote-3) | **Yes or No** |
| (a) Has any notification been sent to the employer regarding non-remittance, obligations etc.? |  |
| (b) Has any communication been sent to the employee regarding non-remittance, obligations etc.? |  |
| (c) Has any communication been sent to the trustee even where the employer is the trustee (occupational pension scheme/trust RAC only)? |  |
| 1. Has any communication been sent to the financial adviser?
 |  |
| 1. If you have answered ‘No’ to any of the above or you haven’t enclosed copies of communications issued, please explain why:
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| 1. Give any other information which you feel is relevant and which has not already been covered above.
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| Checklist  |
| **Documentation/confirmation required** | **Yes or No** |
| Is evidence of deduction/non-remittance (if available) enclosed e.g., payslips? |  |
| Is the document in which the employer agreed to pay and remit contributions enclosed? e.g., trust declaration/application form/ contract (salary deduction facility certificate for PRSAs)? |  |
| Are signed copies of all reminders, correspondence, notes of telephone conversations with the employer/trustee/members/ contributors/policyholder/third party (as appropriate) in relation to the issue enclosed? |  |
| Does this report contain all relevant information on the issue which is available to your organisation? |  |

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| Declaration |
| I declare that the information given in this report is correct to the best of my knowledge and that any relevant information that becomes available in the future will be submitted to the Pensions Authority as soon as possible.**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Please note that the Pensions Authority may request a more detailed reconciliation of contributions in the future. [↑](#footnote-ref-1)
2. This should generally comprise a period of at least three months since last contributions were received. [↑](#footnote-ref-2)
3. See the ‘Guidance on completion of the report of suspected non-remittance’ document on what notification(s) should be issued. [↑](#footnote-ref-3)