



LGPS Leavers Form for Ill Health Retirement and Death in Service (PEN007B)

For Ill Health Retirements please complete Sections A, B and D. For Death in Service please complete sections A, C and D. Once completed and authorised, please return to the Pensions Team.

SECTION A: CONTACT DETAILS

Employer (ER):

Member information:

Employee (EE): N.I Number: Name in full:.....

Job Title:Post No:

Address:

..... Post code:

Marital status:Email:

Date of Birth: ___/___/_____ Date of leaving: ___/___/_____

Reason for leaving: Death in Service [] Ill health retirement (Regulation 35, award of immediate benefits) []

SECTION B: CONFIRMATION OF AN ILL HEALTH RETIREMENT DECISION

Taking into account all relevant evidence and using our own judgment, it has been decided that the member does meet the conditions set out in Regulation 35 of the LGPS regulations which are as follows (please tick the below statements to confirm):

- a) that they are an active member who has qualifying service for a period of two years; and []
b) their employment has been terminated by our organisation on the grounds of ill health or infirmity of mind or body; and []
c) they are under normal pension age (NPA); and []
(i) as a result of ill health or infirmity of mind or body, permanently incapable of discharging efficiently the duties of the employment engaged in []
(ii) as a result of ill health or infirmity of mind or body, is not immediately capable of undertaking any gainful employment. []

ILL HEALTH TIER AWARDED:

- Tier 1— Member is permanently incapable of undertaking any gainful employment before NPA. They will receive 100% enhancement up to their NPA. []
Tier 2— Member is incapable of undertaking any gainful employment for at least 3 years but it is likely they will be capable of doing so before NPA. They will receive an enhancement of 25% of that to NPA. []
Tier 3—It is likely that the member will be capable of undertaking gainful employment within 3 years. There will be no enhancement and a review will be undertaken by the former employer after 18 months. []

In making this decision we confirm that the LGPS regulations have been complied with, and that we have based our decision on the evidence and information provided by the member and the opinion of the Independent Registered Medical Practitioner (IRMP).

PLEASE ENCLOSE WITH THIS FORM:

- 1. Formal notice letter from employer to member
2. Certificate completed by the IRMP

Please note that the Pensions Team only require a copy of the certificate at this stage. The supporting IRMP report may be requested at a later date if required.

SECTION C: DEATH IN SERVICE

PLEASE NOTE THIS SECTION SHOULD ONLY BE COMPLETED TO INFORM THE PENSIONS TEAM OF A DEATH OF A MEMBER

Date of Death: ___/___/___ Death certificate seen: No: Yes: by whom:

Surviving Next of Kin: No: Yes: Name:

Contact details

SECTION D: FINANCIAL INFORMATION

Employee (EE) pay and contributions in final and previous scheme years (April to March):

The amount of EE and/or ER contributions paid for APC/SCAPC* in the final scheme year:

EE contributions £ _____.

ER contributions £ _____.

Total Pension Contributions paid by EE:

Final Scheme Year £ _____.

Previous Scheme Year £ _____.

EE contribution rate _____ %

Final salary pay for pre 1 April 2014 service

Full-time equivalent rate of pensionable pay at date of leaving: £ _____.

Full-time equivalent pensionable pay paid during the last 365 days: £ _____.

Part-time pensionable pay paid during last 365 days (if applicable): £ _____.

If part-time state hours used in calculation: _____ per week _____ weeks per year

Career Average Revalued Earnings (CARE) pay for post 1 April 2014 service

Final year actual CARE pay from April of final scheme year to date of leaving including any periods of APP: £ _____.

Previous year CARE pay from April to March of previous scheme year including any periods of APP: £ _____.

Final year actual CARE pay if member in 50/50 from April of final scheme year to date of leaving including any periods of APP : £ _____.

Previous year CARE pay if member in 50/50 from April to March of previous scheme year including any periods of APP : £ _____.

Annual rate of APP at date of leaving (*This field must be completed): *£ _____.

Authorised Signature : Full name :

Date: Job title:

PLEASE ENSURE THE PERSON SIGNING THIS FORM IS ON THE EMPLOYER AUTHORISED SIGNATORY LIST. PLEASE NOTE WE DO NOT ACCEPT ELECTRONIC SIGNATURES.

ON COMPLETION SEND THIS FORM TO: THE PENSIONS TEAM, THE SHIREHALL, ABBEY FOREGATE, SHREWSBURY, SY2 6ND OR SEND A SCANNED COPY TO pensions@shropshire.gov.uk.