

Local Government Pension Scheme (LGPS) leavers form PEN007A

Confirmation from scheme employer in respect of a member leaving the LGPS.



It is essential this form is completed accurately as member benefits will be based on the information provided. If you are completing this form on behalf of a scheme employer (e.g. as a third-party payroll or HR provider) we **must and will be checking** that we have received authorisation from the scheme employer that you are able to complete and submit forms on their behalf. Note - PEN007B should be completed for ill health retirement or death in service notifications.

Scheme employer name:

Scheme member information: Member NI Number: Payroll reference:.....

Member name in full:.....

Job Title:.....Post No:

Address:

.....Post code:

Marital status:Email:

Date of Birth: ____/____/_____

Date of leaving: ____/ ____/ _____ Reason for leaving (see overleaf): Code.....

Additional notes:

IF REASON CODE 'E' (MEMBER CHOICE EARLY RETIREMENT) IS CHOSEN PLEASE COMPLETE THE SECTION BELOW:

Applied Rule of 85? (If member is under age 60) Yes No Not Applicable

Waive any Actuarial Reduction on protected benefits? (On compassionate grounds) Yes No

Waive any Actuarial Reduction on non-protected benefits? (On any grounds) Whole Partial None

If waiving PART of the reduction on non-protected benefits, please enter the percentage OR the amount

to be waived _____% or £_____

IF REASON CODE 'F' (FLEXIBLE RETIREMENT) IS CHOSEN PLEASE COMPLETE THE SECTION BELOW:

Waive any Actuarial Reduction on protected benefits? (On any grounds) Yes No

Waive any Actuarial Reduction on non-protected benefits? (On any grounds) Whole Partial None

If waiving PART of the reduction on non-protected benefits, please enter the percentage OR the amount

to be waived _____% or £_____

IF REASON CODE 'RE', 'F' OR 'E*' THEN THERE MAY BE A STRAIN COST PAYABLE BY YOU, AS THE EMPLOYER, AND YOU SHOULD HAVE CONTACTED THE PENSIONS TEAM TO FIND OUT HOW MUCH IT WILL BE BEFORE COMPLETING THIS FORM.

By ticking this box you are confirming you are aware of the strain costs which will immediately payable by the scheme employer following receipt of this form.

(*Strain cost payable for reason code 'E' only if you are applying the 85 year rule or intend to actuarial waiver reduction)

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:

Employee contributions £ _____.

Employer 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: £ _____.

Please note the difference in the regulations definitions of "pensionable pay" for pre-2014 and post- 2014 service. The regulations can be found in full on the LGPS Regulations website, particularly in the 2008 Regulations (Regulation 4) and 2013 Regulations (Regulation 20). You may also find the LGPS HR and Payroll guide useful.

You can also find an [Employers Guide](#) on our website which provides further information on employer responsibilities.

REASON FOR LEAVING CODE:

A	Voluntary Resignation	F	Flexible Retirement
B	Resignation after a period of maternity	N	Retirement on or after NPA* (up to age 75)
C	Casual Employee who has not worked in post over previous 12 months (Date of leaving should be the date when the employee last worked in post)	O	Member opted out of the Scheme
D	Dismissal (In additional notes please indicate if dismissal due to misconduct)	RE	Termination on grounds of redundancy/efficiency
E	Member choice Early Retirement (age 55 to day before NPA*) with immediate payment of pension benefits – must also complete options for waiving reductions	T	Transfer to another local authority/ TUPE (Please include new employer in additional notes)

*NPA (Normal Pension Age) – Please contact the Pensions Team if you are unsure of the employees NPA

Authorised Signature:.....Full name:

Date:..... Job title:

Please ensure the person signing this form is on the employer authorised signatory list.

On completion send this form to pensions@shropshire.gov.uk