



## **Local Government Pension Scheme (LGPS) Request for an estimate of retirement benefits for a pensionable employee PEN010**

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 **will be checking** that we have received authorisation from the scheme employer that you are able to complete and submit forms on their behalf.

Scheme employer name:

Name of person requesting the quote:

Contact email address:

Please indicate if you are requesting this information on behalf of the scheme employer (e.g. as a third-party payroll or HR provider)

### **Scheme member information**

Name:

NI number:

Job title:

Post number:

Hours per week:

Date of birth:

Estimated termination date:

Additional notes:



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Pensions, PO Box 4826  
Shrewsbury SY1 9LJ



**Reason for termination Please choose one options between a and d below**

- a) Normal retirement at normal pension age** (minimum age 65 or member's State Pension age, if later).
- b) Early retirement (55-60)** (tick I, II or III of the below options to confirm if/ how reductions are applied)
- I.** full reduction applied to member benefits.
  - II.** Early retirement (55-60) - and if 85-year rule applies agreement to waive all the actuarial reduction (at full cost to employer).
  - III.** Early retirement (55-60) - and if 85-year rule applies agreement to waive some of the actuarial reduction (at full cost to employer).

Please state amount £ or % to be waived:

**c) Redundancy (R) or Efficiency (E)** – (Please confirm either R or E).

**d) Flexible retirement (age 55 or over)** – (Please confirm if any reduction due to member benefits is waived at full cost to the employer):

*None – full reduction*

*Waiver all reduction*

*Waiver in part*

If waived in part selected, confirm in £ or % to be waived:

**e) Ill health retirement** – (Please confirm which tier a quote should be based on. The tier criteria found in the LGPS regulations must be demonstrated before a pension can be paid. Choose one from the options):

*Tier 1 (full enhancement)*

*Tier 2 (25% enhancement)*

*Tier 3 (no enhancement)*





## Employee pay detail to be used in estimate

### Pay details for members with pre-1 April 2014 service

Estimated full-time equivalent rate of pensionable pay at estimated date of leaving:

£

Estimated full-time equivalent rate of pensionable pay during the last 365 days:

£

Estimated part-time equivalent rate of pensionable pay at estimated date of leaving (if applicable):

£

Estimated part-time equivalent rate of pensionable pay during the last 365 days (if applicable):

£

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

### Pay details for members with post 1 April 2014 service career average revalued earnings CARE pay

#### Career average revalued earnings (CARE pay for post 1 April 2014 service

**Current year CARE pay** received from start of current scheme year (April) to

estimated retirement date and include any periods of APP.

£





**Annual assumed pensionable pay (APP) Calculation sheet to be attached**

£

**Previous year CARE pay** from April – March of previous scheme year and include any periods of APP:

£

**Estimated CARE pay for future years** (not needed if leave date is in current financial year):

£

### **For completion by authorising signatory**

Please state who the estimate should be forwarded to:

Signature:

Name:

Job title:

Email:

Date:

*Please return this form using iConnect document upload. See the [i-Connect document transfer guide 2023](#) on our website for further details.*

November 2024

