

**Employee and Employer Contribution Return  
Compliance Statement  
2024/25**



**Employer :** \_\_\_\_\_

Shropshire County Pension Fund is seeking confirmation that the pension data returned for the financial year 2024/25 is accurate and in accordance with the Local Government Pension Scheme Regulations 2013 (as amended) and any other overriding legislation.

**This form should be signed and emailed to us, by one of the following:**

**Director of Finance (or equivalent)**

**Head of Internal Audit (or equivalent if employing an external auditor)**

**External Auditor**

**FAILURE TO RETURN THIS FORM WILL RESULT IN A BREACH BEING RECORDED IN ACCORDANCE WITH THE FUNDS BREACHES POLICY.**

As Director of Finance/Head of Internal Audit/External Audit for the above named Employing Body, I can confirm that the necessary processes are in place to give assurance that the LGPS Regulations 2013 have been complied with in the following areas:

<b>Area of Compliance</b>	<b>Employer Compliant?</b>
Employee pension contributions have been deducted from the correct elements of pay and the correct percentage applied in accordance with the employee contribution banding table for 2024/25	YES/NO
Employer pension contributions have been deducted in accordance with the actuary's valuation report (2022) for 2024/25	YES/NO
The correct employer contributions have been paid for authorised absences including sickness absence	YES/NO
In the case of a member on reduced pay for sickness and child related absence or no pay for sickness absence, you are providing the pensionable pay including the assumed pensionable pay on data submissions or leavers form (if applicable)	YES/NO
The correct CARE pay is being returned at year end for 2024/25	YES/NO
Full Time Equivalent Pensionable pay under the 2008 Regulations, changes of hours and any absences are being given at year end for all employees with service prior to 1 April 2014 or anyone affected by the underpin.	YES/NO

**I can confirm that our payroll records are annually audited to check that employer administration processes have been carried out correctly and information and contributions passed over to the Pension Fund are accurate and in accordance with the LGPS Regulations 2013.**

**Name:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

Please return form to: [cheryl.morrell@shropshire.gov.uk](mailto:cheryl.morrell@shropshire.gov.uk)