Worcestershire **Pension Fund**



Cessation Leavers Form Apr 2020

Please return IMMEDIATELY a member of the LGPS ceases employment or membership to: Worcestershire Pension Fund, County Hall, Spetchley Road, Worcester WR5 2NP pensions@worcestershire.gov.uk

Employer									
Employee name					N.I. number				
Address					Date of birth				
Postcode					Pay number				
Job title					Leaving da	ite			
REASON FOR LEAVING LGPS. Please complete all relevant sections									
Voluntary resignation			Dismissal		Other				
Opt out					Refund paid Yes			No	
Transfer			Name of new employer		TUPE?				
III health			Attach ill health certificate		e in all cases Tier: 1 2 3				
Flexible retirement			Reductions wa	Yes No					
Age 60+			Reductions waived		Pre 2014 (compassionate)				
Age 55 – 59			Reductions waived		Pre protected date (compassionate)				
(request for immediate payment of benefits)					Post protected date				
			Rule of 85		On Off O				
Redundancy			Efficiency		Additional pen benefits (APB)	sion	Yes	No	
Death in servic	e		Enclose details	kin if available.					
Authorised by (name):				Signature:					
Telephone/email:				Date:					
NOTE: By	authorising	a redun	dancy / efficiency	/ reductions	waived retirem	ent, yo	ou must already	' have been	

provided with an estimate and are agreeing to pay the relevant costs on that estimate.

PLEASE COMPLETE ALL SECTIONS (1 - 4) OVERLEAF

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Section 1 – Pension contributions and contracted-out earnings for under 2 year leavers								
	Pension co	Pension contributions				Contracted-out earnings to 05/04/16		
Current LGPS year:	£	£				£		
Previous LGPS year:	£	£				£		
Section 2 – Confirmation of current hours and TTF plus any changes in final year								
Date:	Previou	s hours:	urs: Current hours:			Term-time factor % if applicable		
Section 3 – Final year's pay: Full-time equivalent (FTE) pensionable pay								
Has the member had a reduction in FTE pay during the last 3 years e.g. cessation of "acting-up"? If yes, please provide previous 3 final year's pay figures.						REASON		
Has the member had a reduction in FTE pay during the last 10 years? If yes, please provide 13 years' pay ending 31 March.								
BREAKDOWN OF CA	LCULATI	ION FOR FINAL	EAR'S	S PA	Y:			
Dates of pay rate chan during final year	Days and months (e.g. 29/31 + 2)				ent (FTE) m-time %	Pay at each rate		
		SUB T			TOTAL:			
PLUS PENSIONABLE ALLOWANCES. Please do not include any allowance that							£	
was not pensionable before 01/04/2014 e.g. non-contractual overtime. Please confirm what the allowances relate to, e.g. overtime or shift work.							in respect of:	
TOTAL FINAL YEAR'S PAY:								

Section 4 - CARE PAY - Please use assumed pensionable pay (APP) for reduced or nil pay due to sickness or maternity, see the HR and Payroll guides at: <u>http://www.lgpsregs.org/resources/guidesetc.php</u>						
APP is included APP is not included						
ACTUAL pensionable pay from 1st April to the Leaving Date						
MAIN SECTION:	£	50/50 SECTION:	£			
ACTUAL pensionable pay for previous year – 1st April to 31 st March						
MAIN SECTION:	£	50/50 SECTION:	£			