

# REQUEST FOR RETIREMENT CALCULATIONS Mar 24

## This form should only be used by employers to request information from us relating to a possible, future retirement of an employee who is currently a member of the LGPS.

**DETAILS OF THE MEMBER / TYPE OF RETIREMENT**

|  |  |
| --- | --- |
| Full name |  |

|  |  |  |
| --- | --- | --- |
| National insurance number |

|  |
| --- |
|  |

 |

|  |  |
| --- | --- |
| Unique pensions identifier number |  |

|  |  |
| --- | --- |
| Employer |  |

|  |  |
| --- | --- |
| Job title |  |

|  |  |
| --- | --- |
| Estimated date of retirement |  |

|  |  |
| --- | --- |
| Is the member’s pay protected by an S20? | No/Yes (if yes also provide Supplementary S20 info form) |

|  |  |
| --- | --- |
| Has the member ever paid AVCs? | No/Yes |

|  |  |
| --- | --- |
| If the member is still paying AVCs, when will the last payment be? |  |

|  |  |
| --- | --- |
| Type of retirement (redundancy,IOE, ill health,flexible, etc.)**Please detail any added years****or redundancy payment** |  |

|  |  |
| --- | --- |
| Are employer costs only required? **Note: employer costs may arise if an employer either waives the actuarial reduction or switches the rule of 85 on (see our** [**Briefing note on retirement from 55**](http://www.spfo.org.uk/CHttpHandler.ashx?id=42343&p=0)**)**  | No/Yes  |

|  |  |
| --- | --- |
| If the member’s benefits are subject to an actuarial reduction / strain costs, do you want to pay any of the costs of this for the member? **N.B. if “Yes” advise whether you wish to waive the actuarial reduction or switch the rule of 85 on, and detail the % being paid by employer** | Yes / No% employer paying |

**MEMBER’S PAY**

NOTE: Please refer to [the LGPC Payroll Guide](http://www.lgpsregs.org/index.php/scotland/scot-hr-payroll-guides/lgps2015-payroll-guide) for calculation guidance

|  |  |  |
| --- | --- | --- |
| Actual unreduced pensionable pays whilst in Main LGPS | Scheme Year 23/24 | Scheme Year 24/25 |

|  |  |  |
| --- | --- | --- |
| Actual unreduced pensionable pays whilst in 50/50 | Scheme Year 23/24 | Scheme Year 24/25 |

**IF APPLICABLE: MEMBER’S ASSUMED PENSIONABLE PAY (NON ILL HEALTH CASES)**

|  |  |  |
| --- | --- | --- |
| **Assumed pensionable pays****Note:** this should be an annual equivalent based on the last 12 week / 3 month period prior to the member going onto reduced / no pay, and if the member’s annual pay has not changed in the 3 months / 12 weeks prior to retirement should mirror the annual salary in the lowest row of column E of the Excel spread sheet in part 3 if the member has final pay benefits. It is what employers pay their contributions on, and some payroll systems may output this as “employer pensionable pay”. | Scheme Year 23/24 | Scheme Year 24/25 |

|  |  |  |
| --- | --- | --- |
| **Actual** assumed pensionable pays**Note:** these should be the assumed pensionablepays above **proportioned for period of reduced / no pay** | Scheme Year 23/24 | Scheme Year 24/25 |

**IF APPLIES: MEMBER’S ASSUMED PENSIONABLE PAY (FOR ILL HEALTH CALCS ONLY)**

|  |  |  |
| --- | --- | --- |
| **Assumed pensionable pays****Note:** this should be an annual equivalent based on the last 12 week / 3 month period prior to the member retiring, and if the member’s annual pay has not changed in the 3 months / 12 weeks prior to retirement should mirror the annual salary in the lowest row of column E of the Excel spread sheet in part 3 if the member has final pay benefits. It is what employers pay their contributions on, and some payroll systems may output this as “employer pensionable pay”. | Scheme Year 23/24 | Scheme Year 24/25 |

|  |  |  |
| --- | --- | --- |
| **Actual** assumed pensionable pays**Note:** these should be the assumed pensionablepays above **proportioned for period of reduced / no pay** | Scheme Year 23/24 | Scheme Year 24/25 |

Further information relating to CARE benefits (service after 31 March 2015)

|  |
| --- |
|  |

**ADDITIONAL PENSION CONTRIBUTIONS**

|  |  |  |
| --- | --- | --- |
| Detail any APCs paid in the last 365 days | Employer (£s)  | Member (£s) |

**HOURS / ABSENCE IN LAST YEAR OF EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  Hours worked per week

|  |
| --- |
|  |

  Full-time hours per week

|  |
| --- |
|  |

  For term time members, enter number of weeks worked per year

|  |
| --- |
|  |

  |

|  |  |
| --- | --- |
| Did the member change hours worked? | Yes / No |

|  |  |
| --- | --- |
| If yes, please state the period(s) and the reason(s). | From To |

|  |  |
| --- | --- |
| Did the member have any periods of absence? | Yes / No |

|  |  |
| --- | --- |
| If yes, for each period please state:* the dates
* the type of absence e.g. mat
* whether on full, part or no pay
 | From To Type Pay on |

**Note: there is no need to complete this page for members who only have CARE benefits. A transfer in may mean a member joining after 31 March 2015 has final pay benefits.**

**PAY INFORMATION FOR FINAL PAY BENEFITS**

**EARNED BEFORE 1 APRIL 2015**

###### MEMBER’S LAST YEAR OF EMPLOYMENT

|  |  |
| --- | --- |
| Re the Excel spreadsheet below, detail any split of the total in G9 or of your entries in column F here: |  |

* Double clicking on the tables below will open an Excel spreadsheet, so that the member’s data can be entered to overwrite the example that is already embedded.
* An error message will appear in field D11 if periods total more than 366 days.
* Use a new row for each period the member had a different annual salary or rate of other regular payments.
* Use field G9 for the total of any one-off payments received in the year.
* **Do not** enter anything in columns A, D or G (except for in field G9).



|  |  |
| --- | --- |
| Was the member’s pay in their final year lowerthan in either their penultimate or third last year of work?**If yes, please provide details**  | Yes / No |

**I request that the information specified on this form be supplied to me.**

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Designation |  |

|  |  |
| --- | --- |
| Tel. number |  |

|  |  |
| --- | --- |
| Email address |  |

|  |  |
| --- | --- |
| Postal address |  |

|  |  |
| --- | --- |
| Signed  |  |

|  |  |
| --- | --- |
| Dated |  |

|  |  |
| --- | --- |
| Date information required |  |

**EMPLOYERS: Please return this form to the Strathclyde Pension Fund Office, P.O. Box 27001, Glasgow G2 9EW or email it to** **spfo@glasgow.gov.uk**