

Local Government Pension Scheme

Notification of Retirement (with entitlement to immediate benefits)

Form - LGPS-9A – Ill Health

This form is for employers participating in the East Sussex County Council Pension Fund. It should be used to notify ESCC of a scheme member who has left due to retirement under ill health, and is entitled to immediate benefits.

Employer	
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1. Employee details

Title - please enter Mr, Mrs, Ms, Miss or other (please stipulate)	
Employee full name	
Date of Birth	
Employee's payroll reference no (please complete a separate form for each job role)	
National insurance number	
Address where correspondence should be sent	
Status – please enter single, divorced, Civil Partnership, Civil Partnership dissolved, Married, Widow(er), Surviving (civil Partner), Cohabiting partner	

2. Retirement details

Post on leaving	
Date of retirement	

Tier for ill health	Tick relevant box
Permanent ill-health (please enclose copy of medical certificate) *see below	
Ill-health- Tier One (no reasonable prospect of obtaining gainful employment before SPA)	<input type="checkbox"/>
Ill-health- Tier Two (no reasonable prospect of obtaining gainful employment within 3 years)	<input type="checkbox"/>
Ill-health- Tier Three (likely to obtain gainful employment within 3 years)	<input type="checkbox"/>

* with not less than 2 years service, or 3 months if service commenced pre 01/04/14

Please enter below summary of employment history (including breaks in service and all changes in contractual hours of work per week/working weeks per year). Continue on separate sheet if necessary.

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3. Pensionable pay – for members with pre 01/04/2014 service

A) Final pay - whole-time pensionable pay during last 365 days of employment ¹	£
B) Part-time pensionable pay during last 365 days of employment (if applicable)	£
C) Whole-time pensionable salary at date of leaving ¹	£
D) During year ended	
(if one of the previous two years is higher)	£

If a valid Certificate of Protection of Pension Benefits has been issued please enter details of the pay which would yield the highest pension benefits below.

Year ended	
Whole-time equivalent pay to be used	£

¹ If employee is term-time, whole-time pay details given above must be 52 week equivalent.

4. Pensionable Pay (or Assumed Pensionable Pay if applicable) (CARE)

Actual (or Assumed) Pensionable Pay from previous complete year, ending 31st March and 1st April to Date of Leaving.

Date from	Date to	Pay amount Main Section £	Pay amount 50/50 Section £

Has pay reduced as a result of sickness absence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, from what date?	

Actual pensionable earnings for three complete months prior to pay reduction

Month 1	£
Month 2	£
Month 3	£

5. Employee and Employer's pension contributions

a) Paid during year of termination	Contribution Rate	%	£
b) Paid during previous year to 31 March	Contribution Rate	%	£
c) Unpaid at date of leaving (if applicable)			£
d) Employer contributions paid during year of termination			£
e) Employer contributions paid during previous year to 31 March			£

6. AVC's

Amount of AVC contributions paid since last April (if applicable)	£
Amount of final contribution	£
Date final contribution paid to AVC provider	

7. Other awards

If the employee is entitled to an injury allowance or other compensatory award please give details above.

8. Enclosures

Income tax form P45 (parts 2 and 3) enclosed?	Yes <input type="checkbox"/>
Please answer 'yes' or 'no'	No <input type="checkbox"/>

9. Authorisation

Authorising officer – signature	
Authorising officer – print name	
Email	
Telephone number	
Date	

Please return the completed form to:

Pensions, East F, County Hall, St Anne's Crescent, Lewes, East Sussex, BN7 1UE

If you require any further support, please email pensions@eastsussex.gov.uk or call 0300 200 1022.