

**Local Government Pension Scheme
Notice of Pre-retirement estimate (for member to select options)**

Form - LGPSRET2 - Ill Health- OA

To be completed by the employer as soon as retirement has been agreed with employee. The details will be used to provide, direct to the employee's home address, a provisional estimate of benefits and a pre-retirement pack giving details of the various options available.

Form LGPS9A should be sent once final retirement information is available to formally notify ESCC of the scheme member's retirement.

Part A – please complete in all cases

Name of employer	
Employee full name	
Date of birth	
Employee's payroll reference no	
National Insurance Number (please provide in <u>all</u> cases)	
If more than one post is held please state which employment is being terminated	
Date of leaving	

Reason for leaving: (tick one box from the 3 options shown below)

Ill-health- Tier One (Please enclose a copy of a medical certificate)	<input type="checkbox"/>
Ill-health- Tier Two (Please enclose a copy of a medical certificate)	<input type="checkbox"/>
Ill-health- Tier Three (Please enclose a copy of a medical certificate)	<input type="checkbox"/>
Estimated pensionable pay (WTE) in last 365 days prior to date of leaving (this figure is what their WTE earnings would have been if there were no reductions for sickness absence)	£
Estimated pensionable pay (part time, if applicable) from 1 April to date of leaving	£
Actual pensionable pay (part time, if applicable) for the previous complete year ending 31 March	£
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	£

Signature*	
Print Name	
Email	
Telephone Number	
Date	

*We can accept employer forms via email without the need for a handwritten signature if the email is sent:

- By a contact at the employer who is listed on the authorised signatories list, and
- From an employer email address e.g., John.smith@eastsussex.gov.uk

Please return the completed form via email to pensions@eastsussex.gov.uk or by post (wet signature still required) to:

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

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