

**Local Government Pension Scheme
Notification of death in service**

Form – LGPS10A

This form is for employers participating in the East Sussex Pension Fund (ESPF). It should be used to notify ESPF of a pension scheme member's death in service.

Employer name

1. Employee details

Title (Please enter Mr, Mrs, Ms, Miss or other – please specify)	
Surname	
Forename(s)	
Previous surname (if applicable)	
Payroll reference	
National Insurance number	
Date of death	
Verified by death certificate (yes or no)	

Please indicate your employees marital/partnership status by marking one box below

Single <input type="checkbox"/>	Married <input type="checkbox"/>	Civil partnership <input type="checkbox"/>	Civil partnership dissolved <input type="checkbox"/>
Widow/er <input type="checkbox"/>	Divorced <input type="checkbox"/>	Surviving civil partner <input type="checkbox"/>	Cohabiting partner <input type="checkbox"/>

2. Whole Time Pensionable pay – for members with pre 01/04/2014 service

Information required	Enter details here
a) Final pay - whole-time pensionable pay during last 365 days of employment ¹	£
b) Whole-time pensionable salary at date of leaving ¹	£
C) During year ended	£
(if one of the previous two years is higher)	£

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

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.

Information required	Enter details here
Year ended	
Whole-time equivalent pay to be used	£

3. Current actual pensionable pay

a) Actual Pensionable Pay from 1 April (50/50 section)	£
b) Actual Pensionable Pay from 1 April (Main section)	£
c) Assumed Pensionable Pay (annual rate)	£

4. Employee's pension contribution

a) Paid during year of termination	£
b) Paid during previous year to 31 March	£
c) Unpaid at date of leaving (if applicable)	£

5. AVCs

Amount of AVC contributions paid since last April (if applicable)	£
Amount of final contribution	£
Date paid to AVC provider (please provide month and year)	

6. Informant or next of kin (if not spouse or civil partner)

Name	
Relationship to deceased	
Address	

7. Spouse's/civil partner's details (if applicable)

Forename(s)	
Previous surname	
Date of birth	
Verified by certificate (yes or no)	
Date of marriage / Civil Partnership	
Verified by certificate (yes or no)	
Number of eligible children	
If the spouse/civil partner (or other dependant) is entitled to an injury allowance or other compensatory award, please give details	

8. Authorisation

Authorising officer signature*	
Authorising officer 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 need to contact us, please call 0300 200 1022 or email pensions@eastsussex.gov.uk.