

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

Form - LGPSRET2 - 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 ESPF of the scheme member's retirement.

Part A – please complete in all cases

Name of employer	
Employee full name	
Date of birth	
Date of leaving	
Post (if more than one)	
Payroll reference number	
National Insurance number (please provide in <u>all</u> cases)	
If more than one post is held state which employment is being terminated	
Date of leaving	

Reason for retirement: (please tick relevant box(s) from the options shown below)

Attained Normal Pension Age (NPA) equal to State Pension Age	
Attained age 55-60 and wishes to receive immediate payment of benefits*	
*Please also indicate if you have 'switched on' the 85-year rule?	
Attained age 60-NPA and wishes to receive immediate payment of benefits	
Estimated pensionable pay (part time, if applicable) from 1 April to date of leaving	
Permanent ill health (please enclose a copy of medical certificate)	
Flexible Retirement*	
*Please also indicate if you have 'switched on' the 85-year rule?	
Attained age 55 with not less than 2 years' service and employment terminated in <u>the interests of efficiency</u>	
Attained age 55 with not less than 2 years' service and employment terminated <u>by reason of redundancy</u>	
(Estimated) Pensionable Pay (WTE) in last 365 days prior to date of leaving (for members with pre April 2014 service only)	£
Actual Pensionable Pay from 1 April to date of leaving	£

Part B – Redundancy / Efficiency retirements only

Additional Employer Pension Contributions (if any)

Please tick the box if any Additional Pension will be awarded	
Amount of Additional Pension Awarded	£

Redundancy payment

Please enter amount of any basic redundancy payment	£
Please enter amount of any enhanced redundancy payment (over and above basic)	£
Please enter amount of any Pay in Lieu of Notice	£

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

Comments

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.