

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

Form - LGPSRET2- III 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.

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Part A – please complete in all ca	ises		
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)		
III-health- Tier One (Please enclose a copy of a medical certificate)			
III-health- Tier Two (Please enclose a copy of a medical certificate			
III-health- Tier Three (Please enclose a copy of a medical certificate)			
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 I April to date of leaving		£	
Actual pensionable pay (part time, if complete year ending 31 March	applicable) for the previous	£	
Has pay reduced as a result of sickness	ess absence?	Yes □ No □	
If yes, from what date?			
Actual pensionable earnings for t	hree complete months prior to p	ay redu	uction
Month I			£
Month 2			£
Month 3			£

Signature	
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 IUE

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