

## Local Government Pension Scheme Estimate request for early retirement

### Form - LGPSRET1 – Ill Health - OA

Use this form if you are an employer and wish to request an estimate of the benefits that would become payable to the employee to whom the following detail relates.

**Name of employer:**

#### 1. Employee details

Employee name	
Date of Birth	
National Insurance number	

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

#### 2. Estimate details

Post being terminated:	
Proposed date of leaving:	

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

Ill-health- Tier One)	<input type="checkbox"/>
Ill-health- Tier Two	<input type="checkbox"/>
Ill-health- Tier Three	<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 or no	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	£

### 3. 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 support, please email [pensions@eastsussex.gov.uk](mailto:pensions@eastsussex.gov.uk) or call 0300 200 1022.