

**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 and Employer Pension Contribution

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

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	

Please return the completed form 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.