

Powys County Council Pension Fund

Local Government Pension Scheme

Notification of Termination of Pensionable Employment

Please complete this form to notify us of a Termination of a Pensionable Employment, ensuring it is received by the Powys Pension Fund immediately after the leaving event.

You should complete **one form for each employment.**

MEMBER'S PERSONAL DETAILS:			
Title:		Full Name:	
Home Address:			
Tel Number:		NI Number:	
Email:			
EMPLOYMENT DETAILS:			
Employer			
Job Title:			
Pay Number:		Date Terminated Post:	

REASONS FOR LEAVING:			
Voluntary Resignation		Opt Out	Dismissal
Early Retirement		Redundancy	Efficiency
Flexible Retirement		Ill Health Retirement	Death
<ul style="list-style-type: none"> If awarding additional pension, please state amount to be awarded: £..... Are you fully aware of the capital cost implications for early retirement and/or award of additional pension? YES/NO 			
PENSION CONTRIBUTION DETAILS:			
Please provide the last two years' pension contribution details:			
	Final Year:	Last full year prior to year of leaving:	
	1 st Apr – Date of Leaving:	Year Ending: 31 st March.....:	
Employee Contribution Rate:			
Employee Contributions Paid:			
Employer Contributions Paid:			
PLEASE CONFIRM IF THE MEMBER WAS PAYING ADDITIONAL CONTRIBUTIONS:			
AVCs <input type="checkbox"/>	APCs <input type="checkbox"/>	ARCs <input type="checkbox"/>	ADDED YEARS <input type="checkbox"/>

PENSIONABLE PAY INFORMATION:

FINAL PAY (USED TO CALCULATE PRE-2014 SCHEME BENEFITS):

Please provide a whole time equivalent pensionable pay for the 365 days prior to finishing pensionable employment. This will be based on the 2008 definition of pensionable pay, non-contractual overtime, pay in lieu of holiday and notice must be excluded.

Show dates where applicable alongside calculations.

It should take into account any changes of whole time equivalent pensionable pay during this period.

(In cases of sickness or reduced pay due to child related leave, please ensure this is a notional pay figure)

Date From	Date To	FTE Salary Rate	FTE Total
			£
			£
			£
			£
During the periods above did the member receive any other pensionable payments (relating to Pre 2014 pensionable elements)? – If so please provide the actual value of these payments that relate to the last 365 days.			£
Total			£

FOR MEMBERS WITH POST 01/04/2014 BENEFITS ONLY:

Full Time Equivalent Pay at date of leaving:

£

CAREER AVERAGE REVALUED EARNINGS (CARE) PAY SUMMARY

Please ensure that the care pay given includes any adjustment for any assumed pensionable pay (APP) i.e. if member had any periods of reduced or no pay because of sickness or injury or had a period of paid child-related leave. NOTE: If at any time during a period of reduced or nil contractual pay the employee's actual earnings are greater than the APP please substitute APP for actual pay e.g. KIT days.

CARE MAIN SCHEME:

From	To	Pay

Please give details if the member contributed to the 50/50 section

CARE 50/50 SCHEME:

From	To	Pay

HOURS / WEEKS HISTORY:**Please complete for all members:**

Last Contractual Hours per Week: _____ Full-time Equivalent Hours: _____

Last Contractual Weeks per Year: _____ Term-time: YES/NO

If variable - Total Average Weekly Hours worked since last 1st April: _____**PERIODS OF UNPAID LEAVE:****Please list any periods of unpaid leave since 1st April 2014:**

Date from	Date to	Reason for unpaid leave

DECLARATION:

I declare on behalf of:

Employer

that the above information is correct and should be used in the calculation of the member's benefits.

Contact Name:**Position Held:****Contact No:****Email address:****Signed:****Date:****Please return the completed form to:**

***Pensions Section, PO Box 71, Powys County Council,
County Hall, Llandrindod Wells, Powys, LD1 5LG***

or email to pensions@powys.gov.uk