



Clwyd Pension Fund Local Government Pension Scheme Amendment Leaver Form: Backdated Pay

	Completed by	Checked by	Contact tel no
Employer		NI number	
Name (inc. title)			
Date of birth			
Address			
		Postcode	
Job title		Date of leaving	
Payroll no		Job ref	

CARE benefits: Last 2 years actual pay

					Checked	
From	То	CARE pay (inc. additions)	Employee conts	Conts rate	Employer conts	Additions
				%		
				%		

Please insert CARE pay snips here	
Additional information about CARE pay	

Final salary benefits: Full time equivalent (FTE) pensionable pay

From	То	Months / Days	FTE pay (£)	Pensionable pay
			Plus additions	
			Grand total	
Pro rata (if applica	able)	x 365 /	days service	

Break-down of additions

Description	Amount (£)
Total	
Checked	

REQUIRED FOR DEATH IN SERVICE ONLY: Part time pensionable pay (last 365 days)

From	То	Total

Please insert full time equivalent (FTE) pensionable pay and additional pay snips here
Additional information about pensionable pay

Assumed pensionable pay: Please provide details of APP where not previously supplied through i-Connect

Cumulative start date	Date before pay reduced	Reduced p	pay period	Date pay resumed	Cumulative end date
		Months and	days of APP		

Previous 3 months pay				
Month Basic pay (£)				
Total				

Assumed pensionable pay			
Total x 12 / 3			
APP for sickness / n	naternity period		
APP x days of break / 365			

Actual pay prior to drop in pay	APP (sick / maternity)	Actual pay following break	Total CARE
		Checked	

Any additional comments to support the data provided on this form		

Please insert APP pay slip snips here		