



# Clwyd Pension Fund Local Government Pension Scheme Notification of Leaver Form

to leave date)

			Completed	d by	Cl	hecked by	Contac	t tel no
Employer					NI nun	nber		
Name (inc. title)								
Date of birth								
Address								
					Postco	de		
Job title					Date o	f leaving		
Payroll no					Job re	f		
Reason for lea	aving							
Voluntary resignation	Opt out	End of contract/ Dismissal	Age 55-75 retirement		ath in vice	III health dismissal	*Redundancy / Efficiency (age 55+)	*Flexible retirement
*Rule of 85 switch on (55+)	**III health retirement Tier 1	**III health retirement Tier 2	**III ***Position *Waived reductions over age 55)		*Dismissal (forfeiture)	*Enhanced pension		
Please provide * F	IR confirmation	n **III health cer	tificate and / or API	P (on pag	ge 5) or **	** new position	details on i-Conn	<mark>ect</mark>
For exit paymer	nt regulation	purposes						
Statutory red	undancy:				£			
Discretionary compensation:					£			
Only to be com	pleted if you	have been ded	lucting AVCs or S	SCAVCs 1	from the	e member's sa	alary	
Date of final A	VC deduction	from membe	r's pay					
Total AVC amount paid by member to AVC provider (from April					_			

£

CARE benefits: Last 2 years actual pay

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

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

From	То	Months / Days	Pensionable pay	
			Plus additions	
			Grand total	
Pro rata (if application	applicable) x 365 / days serv		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 CARE pay snips here	

Please insert full time equivalent (FTE) pensionable pay and additional pay snips here
Additional information about CARE pay or 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 / maternity period				
APP x days of break / 365				

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

Please insert APP pay slip snips here					

Additional in	formation						
Service history section							
From	То	Contractual hours	Term time % (if	Annual average weekly hours	Average weekly additional	Total average weekly hours	
		worked	applicable)		hours		
			%				
			%				
			%				
			%				
			%				
			%				
			%				
			%				
			%				
			%				
			%				
			%				
			%				
			%				
				Checked			

Please insert hours history snips here
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Additional information

### Service breaks section: for service breaks not previously provided

# **Examples of service break types:** Authorised absence Strike Reserved forces Sick leave Maternity Jury service Paternity Unauthorised absence Other (please specify) Adoption Education / Career break Unpaid Start of **End of break** Service break type Reduced APC set up to cover break period period lost pension due to pay absence? YES, NO, N/A Any additional comments to support the data provided on this form