

# Request for estimated pension costs in respect of Redundancy or Business Efficiency retirement for LGPS employers.



**To be completed by the employer where they wish estimated pension strain costs to be provided in respect of a scheme member.**

**Please allow up to 4 weeks for provision of this information.**

|                           |                         |
|---------------------------|-------------------------|
| Name of LGPS member       |                         |
| National Insurance number |                         |
| Name of employer          |                         |
| Leaving date              |                         |
| Reason for leaving        | (delete as appropriate) |

**The following pay figures are required:**

To calculate benefits built up in the final salary scheme: Full time equivalent pensionable pay figure in respect of the 12 months up to the estimated date of leaving mentioned above based on 2008 scheme definition of pay:

This figure is £

To calculate benefits built up in the main career average scheme: Actual pay figure in respect of the period from 1st April up to the estimated date of leaving mentioned above (including any Assumed Pensionable Pay if appropriate) based on 2014 scheme definition of pay:

This figure is £

If the member has been in the 50/50 scheme at all since last April: Actual pay figure in respect of the period from 1st April up to the estimated date of leaving mentioned above based on 2014 scheme definition of pay.

This pay figure is £

**The dates member has been in the 50/50 scheme are:**

|      |  |
|------|--|
| From |  |
| To   |  |

**Please send the estimated figure directly to:**

|               |  |
|---------------|--|
| Name          |  |
| Job title     |  |
| Address       |  |
| Email address |  |
| Phone number  |  |
| Signed        |  |
| Dated         |  |

Please state whether figures should be posted or sent via Secure Email (Egress) -  
Delete as appropriate -

Name of contact in case of any queries (if different from above)

|               |  |
|---------------|--|
| Name          |  |
| Job title     |  |
| Email address |  |
| Phone number  |  |

Complete all sections of this form fully and return to: [pensions@leics.gov.uk](mailto:pensions@leics.gov.uk)