

Flexible Retirement

Approval form for flexible retirement request

Section 1 - To be completed by the employer

The request for flexible retirement has been approved by:

Name of employer

In respect of: Name

National Insurance
number

The above named has reduced their hours from hours to hours with
effect from date

OR

The above named has reduced their grade from to with effect from
 date

IN ALL CASES: AUTHORISED MANAGER OR OFFICER

I agree to the request for reduction in hours or grade and release of pension

Name

Job Title

Signed

Date

**IN CASES WITH CAPITAL COSTS: THE AUTHORISED MANAGER OR BUDGET
HOLDER MUST ALSO COMPLETE THIS DECLARATION:**

Estimated capital costs of £ have been provided by the Pensions
Section. I confirm that I have agreed the proposed method of financing the
additional costs

To be recouped: immediately **OR** in instalments

Name

Job Title

Signed

Date

Section 2 - To be completed by the scheme member

Employee Declaration regarding continuing pension scheme membership

I wish to remain in the Local Government Pension Scheme following my flexible retirement.

YES

Signed

Date

OR

NO

Signed

Date

Section 3 - Employer checklist

In order to put this pension into payment, please complete the following checklist:

- ☐ I have checked that all sections of this form are complete before sending to the Pensions Section
- ☐ I have informed my payroll section and/or HR of the change in grade or hours
- ☐ I have informed my payroll section of the member's wish to stay in or leave the pension scheme following their flexible retirement
- ☐ I have instructed my payroll section to complete and forward the pension scheme leavers form to the Pensions Section at the earliest opportunity.
For most employers, this will be the ePen3.

Complete ALL sections of this form fully and return to:

**The Leicestershire County Council Pension Section,
County Hall, Glenfield, Leicester, LE3 8RB**

If this form is received incomplete, then it will be returned to the sender

