



Approval form in respect of Redundancy or Business Efficiency retirement for LGPS employers.

To be completed by the employer where approval has been granted for an LGPS member to retire aged 55 or over on the grounds of either Redundancy or Business Efficiency.

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

Estimated strain costs of £ have been provided by the Pensions Section.

I confirm that I have agreed to finance these costs.

I can advise that the above named employer subject to The Restriction of Public Sector Exit Payment Regulation 2020.

I can advise that this scheme member breached the exit cap.

I can confirm that a waiver and if granted a copy of this has approval has been supplied, along with this form.

If this member is being made redundant, the amount of the redundancy payment is:

Redundancy payment	£
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This consists of:

Statutory element	£
Discretionary element (if applicable)	£
Any other exit payments, i.e.	£

For completion by Leics County Council and ESPO only:

Cost Code:

Certification:

I certify that I am authorised to sign this form on behalf of the above named employer, have checked that all sections of this form are complete and that the information contained within this form is correct.

I understand that for pension benefits to be paid, an ePen3 leavers form must also be supplied and I have arranged for this to be completed and sent to the Pensions Section.

Form submitted by:

Name	
Job title	
Email address	
Phone number	
Signed	
Dated	

Complete all sections of this form fully and return to: **pensions@leics.gov.uk**