



Request for estimated Redundancy or Business Efficiency retirement figures for LGPS members.

To be completed by the employer to request estimated pension figures for a member of the Local Government Pension Scheme.

You must allow up to 4 weeks for provision of this information.

Please provide estimated figures directly to the following LGPS member:

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

Please read and complete the statements below:

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

I can advise that this scheme member breach the exit cap and

I be applying for a waiver. If a waiver has been applied for, I understand that the Pensions Section will assume that the member breaches the cap until I notify them that the application has been successful.

*delete as appropriate

The estimated exit payments due to be paid are:

Redundancy payment	£
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This consists of:

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

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 suggested date of leaving stated above based on 2008 scheme definition of pay:

£

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 date of change stated above (including any Assumed Pensionable Pay if appropriate) based on 2014 scheme definition of pay:

£

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 date of change stated above based on 2014 scheme definition of pay:

£

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

From	
To	

I certify that the information provided on this form is correct

Name	
Job title	
Email address	
Phone number	
Signed	
Dated	

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