

**SUFFOLK COUNTY COUNCIL PENSION FUND**

**ICONNECT EMPLOYERS**

Please tick to indicate whether this form contains final leaving details

1. **ADVANCE** NOTIFICATION FOR RETIREMENT (please provide estimated pay in **section 3**)

2. NOTIFICATION OF TERMINATION OF PENSION SCHEME MEMBERSHIP (please complete all sections)

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| **EMPLOYER** |  |

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| **1. Employee Details** please delete where not applicable | |
| Surname |  |
| Forename(s) |  |
| National Insurance Number |  |
| Address  Email Address  Telephone Number |  |
| Job title / Contract number |  |
| iConnect Payroll Reference |  |
| Date left / Date last paid contributions |  |

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| **2. Reason for Termination: 🗹** | |
| a) Opted out of the Scheme (Please enclose copy of employee written confirmation) |  |
| b) Voluntary resignation |  |
| c) TUPE transfer to new employer. Please provide name of new employer: |  |
| d) Retirement on age |  |
| e) Retirement on ill-health grounds (Please attach copy of medical certificate) Tier 1 Tier 2 Tier 3 |  |
| f) Redundancy or/ Interests of efficiency |  |
| g) Flexible retirement |  |
| h) Dismissal (Please complete the questions in section 8) |  |
| i) Death in Service |  |
| j) Other reason (please state): |  |

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| **3.** **Actual Pensionable Pay in the final month(s) of leaving** (please complete for the current months, and any future months, up to the date of leaving).  For advance notifications, please provide estimated figures. | |
| **Actual pensionable pay in the Main Section** | |
| **Month** | **Amount** |
|  | £ |
|  | £ |
|  | £ |
| **Actual pensionable pay in the 50/50 Section** | |
| **Month** | **Amount** |
|  | £ |
|  | £ |
|  | £ |

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| **4.** **Assumed Pensionable Pay (only required for Ill Health (all Tiers) and Death in Service)** | |
| Annual rate of assumed pensionable pay as at date of leaving / date of death | £ |

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| **5.** **Full-time Equivalent (FTE) rates of pay**  Please provide salary history starting 3 years prior to the date of leaving and continuing up until the leaving date  Where the employee has been absent from work through sickness, the figures quoted below should be the payments the employee would have received had they not been sick.  **If a member downgrades or moves to a job with less responsibility with the same employer in the last 10 years, the member has the option to have his/her benefits calculated based on the average of any 3 consecutive years in the last 10 years (ending on a 31 March). In such a case, please provide salaries beginning 13 years prior to the date of leaving.** | | | |
| Date of salary changes | Whole-time  pensionable pay | Part-time  pensionable pay  (if applicable) | Annual rate of other regular pensionable extras (emoluments) |
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| **6.** **Other pensionable payments paid irregularly over the 3 years prior to leaving date (e.g. fees, bonus, contractual overtime etc.)**  Please only state extras that fall under the 2008 definition of pensionable pay (i.e. do not include non-contractual overtime).  **If a member downgrades or moves to a job with less responsibility with the same employer in the last 10 years, the member has the option to have his/her benefits calculated based on the average of any 3 consecutive years in the last 10 years (ending on a 31 March). In such a case, please provide all irregular payments beginning 13 years prior to the date of leaving.** | | |
| Date of pensionable payment | Total Amount | Details |
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| **7. Waiving reduction/Applying the rule of 85 in full** (please note that exercising the employer discretion to either have any reductions waived, or to have the rule of 85 applied in full, will result in a capital cost payable by the employer) |
| Do you provide employer consent for the actuarial reduction to the member’s benefits to be waived? Yes  No |
| Do you provide employer consent for the 85 year rule to be applied in full? (Only applicable for members who started before 01/10/2006 and are under 60 at retirement.) Yes  No |

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| **8. Dismissal Questions** |
| Was the above named dismissed as a result of grave misconduct or a criminal, negligent or fraudulent act or omission on their part in connection with that employment? Yes  No |
| Has the above named incurred some monetary obligation arising out of that act or omission to you?  Yes  No |
| Has the above named been, or likely to be convicted of an offence in connection with their employment?  Yes  No |

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| **9. Authorisation** | |
| Authorising Officer | Print name Signature |
| Telephone Number |  |

Please email the completed form to: [pensions@suffolk.gov.uk](mailto:pensions@suffolk.gov.uk)