

Waiving Reductions

This LGS13 will need to accompany either the LGS16 or LGS17 (depending on whether the member is actually retiring or the employer is just seeking a quotation of costs). If submitted along with an LGS16 (Advance notification of a leaver) it should be returned to LGS16@nilgosc.org.uk and if submitted along with an LGS17 (Employer's request for an estimate of retirement benefits) it should be returned to info@nilgosc.org.uk

The employee named below will be retiring from our employment and will be entitled to immediate pension benefits from the Local Government Pension Scheme (Northern Ireland).

Employer

Staff number/Post ID

Member surname

Member first name(s)

Member address

<input type="text"/>		
<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>

Occupation

NILGOSC reference number

Date of retirement

Final payment date

Reason for Request

- Estimate of benefits**
(please attach form LGS17 and forward it to NILGOSC with this form)
- Payment of immediate benefits**
(please attach form LGS16 and forward it to NILGOSC with this form)



We wish to exercise our discretion and waive the following reductions to the employee's pension benefits. We will pay the cost of waiving these reductions to NILGOSC as a single lump sum. We have ticked the applicable boxes.

Voluntary retirement age 55 or over

Group 1 member – *active member prior to 1 October 2006 and born on 31 March 1956 or earlier*)

I confirm that we wish to waive all of the actuarial reduction in respect of pre-1 April 2016 benefits on compassionate grounds only.

I confirm that we wish to waive all of the actuarial reduction in respect of post-31 March 2016 benefits (on any grounds)

I confirm that we wish to waive some of the actuarial reduction in respect of post-31 March 2016 benefits (on any grounds)

State percentage %

Group 2 member – *active member prior to 1 October 2006 and born between 1 April 1956 and 31 March 1960*)

I confirm that we wish to waive all of the actuarial reduction in respect of pre-1 April 2020 benefits on compassionate grounds only

I confirm that we wish to waive all of the actuarial reduction in respect of post-31 March 2020 benefits (on any grounds)

I confirm that we wish to waive some of the actuarial reduction in respect of post-31 March 2020 benefits (on any grounds)

State percentage %

Group 3 or 4 member – *a member who was an active member prior to 1 October 2006 but is not a Group 1 or 2 member, or a member who was not a member prior to 1 October 2006.*

I confirm that we wish to waive all of the actuarial reduction in respect of pre-1 April 2015 benefits on compassionate grounds only

I confirm that we wish to waive all of the actuarial reduction in respect of post-31 March 2015 benefits (on any grounds)

I confirm that we wish to waive some of the actuarial reduction in respect of post-31 March 2015 benefits (on any grounds)

State percentage %



Flexible Retirement

- I confirm that we wish to waive all actuarial reductions (on any grounds)
- I confirm that we wish to waive part of the actuarial reductions (on any grounds)
State percentage %
- I confirm that we wish to waive actuarial reductions (to those who do not satisfy the 85 year rule)

Rule of 85

- I confirm that we wish to apply the Rule of 85 at a cost to the employer (only applies to those voluntarily retiring aged 55 or over and up to eve of 60th birthday)

Confirmation

We will forward Leaver's Form LGS15 to NILGOSC within 5 working days of the date of leaving or final payment date if later. We confirm that the discretions exercised above are covered by our Discretionary Policy Statement. We understand that NILGOSC will require a copy of our statement prior to the payment of any pension benefits.

Yours sincerely*

Completed By

Print name (Authorised Officer)

Signature*

Telephone number/Extension number

Date

Email address

** By typing your name you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature. You are also confirming that the information you have provided is accurate and complete, to the best of your knowledge and belief.*