

Leaver's Form

Guidance notes on how to complete this form are available from the Document Library on our website – www.nilgosc.org.uk/employers/administering-the-scheme/guides.

Please email this completed form securely to lgs15@nilgosc.org.uk. This form should be submitted within 20 working days of the member's date of leaving or as soon as possible following the date of death.

Section 1 - Member details

Employing authority	NILGOSC reference number
Surname	First name(s)
Title: Mr/Mrs/Miss/Ms/Other	National insurance number
Address	
	Postcode
Occupation	Staff number/Post ID
Date of leaving	Reason for leaving

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Section 1 Continued		
Final payment date	Last day of contributions	
Does this member contribute to our in-house AVC s	scheme?	Yes No
If member has been paying AVCs, date of final pay	ment to AVC provider	
Name and address of new employer (if applicable)		
To be completed if member is entitled to immed payment of pension benefits:	liate	
I confirm that Form LGS16 has been sent to NILGC	SC on	
To be completed if member is taking flexible re	tirement:	
I confirm that the new member template (SS1) has	been sent to NILGOSC on	

Details of member's other employment/employments within your authority

This section must be completed with either the relevant information or state 'not applicable'. If it is not completed the form will be returned to you.

Occupation	Hours worked	Annual salary (£)	Pension ref. no.	Continuing? Yes / No

If not continuing employment in the above posts, separate leaver's forms are required for each post.



Section 2 - Additional pension

If applicable, please state the amount of additional pension to be awarded to the abovenamed member (total maximum permitted is reviewed each April by Pensions Increase, for more detail please see www.nilgosc.org.uk/employers/adminstering-the-scheme/guides/.

Under regulation 18	Under regulation 32			
£	£			
Section 3 – Protections	under previous regula	tion		
3a – Part-time employm	ent or working at a low	ver grade as a result of a me	dical conditi	on.
Complete this section if a	oplicable:			
Has the member been in a result of the condition w		working at a lower grade as	Yes	No
If yes, please include a co	·		103	140
ii yes, piease iiiciuue a co	py of the relevant medic	ai eviderice.		
Section 3b – Downgrade	ed in last ten years.			
Has the member been do	wngraded in the last ten	years?	Yes	No
	r final salary protection	ompleted for members with persons and trains and trains are seen aggregation or a trains.	•	015
Basis of calculation: Caler	ndar month/lunar month/	fortnightly/weekly/hourly paid o	contractual	
Hours worked per week		Equivalent whole-time hour	s (if different)	ı
Contractual weeks worked	d per vear	Equivalent whole-time weel	ks (if different	·)
Contractal weeks worked	per year	Equivalent whole-time week		,
Hourly rate of pay				
f				

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4b - Final Salary Pay Calculation

Rates of Pay £	From	To **	Basic Pay £	*Bonus £	Emoluments £	Total £
	1	Total £				

Total £				
** Date tax year ends				
Leave of Absence due to sickness (state w this commenced):	hether 1/2 pay,	SSP or unpaid	l and the date	
Leave of Unpaid Absence (state reason i.e. this commenced):	maternity leave	e, career break	cetc. and the da	te
*Bonus Rates (state whether Actual or Noti	onal Bonus and	d the dates to v	vhich it relates)	
If part-time bonus/emoluments are shown i please state whole-time rates appropriate t		y pay calculati	on table above,	



4b Continued

Fluctuating emoluments: Please show last three years' payments

Year ending	Amount £

Section 5 - CARE pay

Complete this section for all members with post-31 March 2015 membership. Any Assumed Pensionable Pay (APP) should be included in this section.

The APP component of pensionable pay should be noted in the separate column provided, as well as being included in the Main and 50/50 Section Pensionable Pay columns.

Pensionable pay in the current financial year to date of leaving

Date from	Date to	Main section pensionable pay (including APP) £	APP component £	50/50 section pensionable pay (including APP) £	APP component £
	Total £				



Section 6 – Assumed Pensionable Pay (APP)					
6a – Basis of APP calculation					
Monthly Weekly					
Weekly/monthly rate of pay: £					
6b – APP Calculation					
Complete this section if APP is inclu-	ded in the total pensionable pay	in Section 5 above.			
Assumed pensionable pay in the	current financial year to date	of leaving			
Date reduced pay commenced Date reduced pay ended Assumed Pensionable Pay £					
Date readou pay commence	Date readesta pay erraea	Assumed Fensionable Fay 2			
	Dato roudou pay ondou	Assumed Fensionable Fay 2			
		Assumed Fensionable Fay 2			
	Total £	Assumed Fensionable Fay 2			
		Assumed Felisionable Fay 2			
6c – APP for ill-health or death		Assumed Ferisionable Fay 2			
	Total £				

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Section 7 – Pensionable Pay and Pension Contributions deducted in financial year of leaving						
Pensionable Pay and the Pe	Pensionable Pay and the Pension Contributions deducted in the financial year to date of leaving.					
Current year ending 31 March as per LGS 7/7A						
7a – Main Scheme						
Pensionable pay (£) Employee basic contributions (£) Employee added years contributions (£) Employee additional regular contributions (£)						

Employee additional pension contributions (APCS) (£)	AVCs (£)	Employer contributions (excluding APCs) (£)	Employer APCs (£)

7b - 50/50 Section

Pensionable pay (£)	Employee basic contributions (£)	Employee added years contributions (£)	Employee additional regular contributions (£)

Employee additional pension contributions (APCS) (£)	AVCs (£)	Employer contributions (excluding APCs) (£)	Employer APCs (£)

If the Pensionable Pay figures in Section 7 do not agree with the Pensionable Pay in Section 5 for the financial year to date of leaving please explain the difference below, e.g. pensionable remuneration relating to membership before 1 April 2015, sick leave etc.



Section 8 – Pensionable Pay and Pension Contributions deducted in the previous financial year

If the Annual Return has not been submitted to NILGOSC for the previous financial year please complete the following with the pensionable pay and contributions for that year.

8a – Main Scheme

Pensionable pay (£)	Employee basic contributions (£)	Employee added years contributions (£)	Employee additional regular contributions (£)
Employee additional pension contributions (APCS) (£)	AVCs (£)	Employer contributions (excluding APCs) (£)	Employer APCs (£)

8b - 50/50 Section

Pensionable pay (£)	Employee basic contributions (£)	Employee added years contributions (£)	Employee additional regular contributions (£)
Employee additional pension contributions (APCS) (£)	AVCs (£)	Employer contributions (excluding APCs) (£)	Employer APCs (£)



To be completed by employer	
Print name (Authorised Officer)	Signature*
Contact name for any queries	Telephone number/Extension number.
Date	Email address
* By typing your name you are signing this form ele signature is the legal equivalent of your manual significant information you have provided is accurate and con	gnature. You are also confirming that the

belief.