

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

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

Occupation

Staff number/Post ID

Date of leaving

Reason for leaving



Section 1 Continued

Final payment date

Last day of contributions

Does this member contribute to our in-house AVC scheme?

Yes

No

If member has been paying AVCs, date of final payment to AVC provider

Name and address of new employer (if applicable)

To be completed if member is entitled to immediate payment of pension benefits:

I confirm that Form LGS16 has been sent to NILGOSC on

To be completed if member is taking flexible retirement:

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 above-named member (total maximum permitted is reviewed each April by Pensions Increase, for more detail please see www.nilgosc.org.uk/employers/administering-the-scheme/guides/).

Under regulation 18

£

Under regulation 32

£

Section 3 – Protections under previous regulation

3a – Part-time employment or working at a lower grade as a result of a medical condition.

Complete this section if applicable:

Has the member been in part-time employment or working at a lower grade as a result of the condition which led to his/her ill-health retirement or death?

Yes No

If yes, please include a copy of the relevant medical evidence.

Section 3b – Downgraded in last ten years.

Has the member been downgraded in the last ten years?

Yes No

Section 4 – Final pay (2009 Definition) to be completed for members with pre-1 April 2015 scheme membership (or final salary protections from aggregation or a transfer in)

4a – Basis of final pay calculation

Basis of calculation: Calendar month/lunar month/fortnightly/weekly/hourly paid contractual

Hours worked per week

Equivalent whole-time hours (if different)

Contractual weeks worked per year

Equivalent whole-time weeks (if different)

Hourly rate of pay

£



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 included 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 £
Total £		

6c – APP for ill-health or death

To be completed for members retiring on permanent ill-health grounds and death in service

Annual Assumed Pensionable Pay: £



Section 7 – Pensionable Pay and Pension Contributions deducted in financial year of leaving

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 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.
