

Request for estimate of retirement benefits



Failure to complete all sections of this form will result in the form being returned to you without being processed

Employer:

Member Details

Full name:	<input type="text"/>	Mr	Mrs	Miss	Ms
Address:	<input type="text"/>				
		Postcode: <input type="text"/>			
Job title:	<input type="text"/>	Payroll No:	<input type="text"/>		
Department:	<input type="text"/>	NI No:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Estimated Date of Retirement:	<input type="text"/>		

Information Required

Strain Cost & Member Benefits	<input type="checkbox"/>	Strain Cost Only	<input type="checkbox"/>	Member Benefit Only	<input type="checkbox"/>
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Estimate Details

Voluntary Leaver – Over age 55	<input type="checkbox"/>	<p>The Employer’s Discretionary Policy has been checked.</p> <p>Full reductions will apply unless stated otherwise.</p> <p>Actuarial reductions for pre April 2014 benefits can only be waived on compassionate grounds. For post April 2014 benefits, actuarial reductions can be waived on any grounds.</p> <p>WAIVE REDUCTIONS <input type="checkbox"/></p>
Voluntary Leaver – Over age 55 to eve of 60 th birthday and switching on Rule of 85	<input type="checkbox"/>	<p>The Employer’s Discretionary Policy has been checked.</p>
Retirement - Ill health	<input type="checkbox"/>	<p>Note: The Ill Health Certificate should have already been provided. If not you need to submit this now.</p> <p>Please state TIER:</p>
Efficiency of Service – over age 55	<input type="checkbox"/>	
Redundancy - over age 55	<input type="checkbox"/>	
Flexible Retirement	<input type="checkbox"/>	<p>The Employer’s Discretionary Policy has been checked.</p> <p>Full reductions will apply unless stated otherwise.</p> <p>WAIVE REDUCTIONS <input type="checkbox"/></p>

Additional Pension awarded by employer

Additional Pension	<input type="checkbox"/>	<p>The Employers Discretionary Policy has been checked.</p> <p>For estimate purposes only, the member has been awarded an Additional Pension of £ <input type="text"/> per annum</p>
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Request for estimate (continued) of retirement benefits



Employee's full name:		NI Number:	
Estimated Date of Retirement			

Pay and Service Details

Career Average Re-valued Earnings - CARE (2014 Scheme)

Main Section Cumulative Pensionable Pay/Assumed Pensionable Pay	1 April 2017 to DOL	£
	1 April 2016 to 31 March 2017	£
50/50 Section Cumulative Pensionable Pay/Assumed Pensionable Pay	1 April 2017 to DOL	£
	1 April 2016 to 31 March 2017	£
Assumed Pensionable Pay for Ill Health retirements		£

Final Pay (2008 definition) To be completed in ALL cases as member may have linked previous benefits.

Final Years Pay	from :	to :	
Please state one year's full time equivalent final pay:			£
Actual rate of full time equivalent pay/salary on final day of membership:			£

Contractual Hours for the Final Year (please complete in all cases)

From	To	Actual hours worked (plus formula if applicable) Enter 'C' if casual	FTE Hours

Request for estimate of retirement benefits notes

Contact Details

Completed by:		Signed:		Date:	
Position:		Telephone Number:			
Email address:					
Return address:					