It is the employer’s responsibility to confirm a member’s entitlement to a pension. Use this form confirm your decision.

|  |  |
| --- | --- |
| **Employer:** | |
| **Employee’s Name:** | **National Insurance Number:** |
| **Job title:** | **Date of Retirement:**   /  / |
| **Last day of employment:** |  |

Tick the reason for the retirement and then provide the additional information listed below:

Redundancy / Efficiency (Regulation 30, paragraph 7)

* Leaver details via i-Connect

Member request for Early Retirement (Regulation 30, paragraph 5)

* Ensure member has completed and supplied to Pension Services the ‘Request for early payment of pension’ form. **Note:** member needs to give three month’s notice of payment date
* Leaver details via i-Connect
* Confirmation whether or not the employer will waive any early retirement reduction and if so, how much is waived and
* If the member is aged between 55 and 60 at the date of retirement, confirmation whether or not the employer will switch on the 85 year rule.

Ill Health retirement – from active (Regulation 35)

* Medical certificate 1 fully completed
* Leaver details via i-Connect

## Signature

I enclose all documents under the selected retirement to enable Pension Services to calculate the pension benefits in accordance with the relevant regulation.

I have informed the member of:

* Our decision and their pension entitlement
* Estimated payment timescale
* Their right to appeal the decision and
* Where to find further information.

Signed by the Employer’s Pension Contact: Date:

Name of the Employer’s Pension Contact: