

FIREFIGHTERS PENSION SCHEME

Notification of Termination	Estimate Required
------------------------------------	--------------------------

Rank/Role	Comp/Dev	Whole time/Retained	Surname	Forenames

Date of Birth: _____ Verified Yes No
 If no, certificate attached

National Insurance Number: _____ **Pay Reference:** _____

Home Address: _____

Reason for leaving (i.e. Ret, IH, Vol Resig): _____

Date of Leaving: 2359 hours on _____

If Ill-Health pension is payable please specify if upper/lower tier pension payable:

Upper Tier <input type="checkbox"/>	Lower Tier <input type="checkbox"/>
-------------------------------------	-------------------------------------

Salary Details: Please include last three years salary details for personnel who have been acting up.

From	To	FTE rate of pay	Annual CPD rate

Has the firefighter received any pensionable pay which would count towards an Additional Pension Benefit since 1.7.2013, not including CPD . – see Employer bulletin no 13

If yes

From	To	£

CARE benefits 2015 scheme

Please provide the Pensionable Pay/Assumed Pensionable Pay for the last 3 months the employee was paid that the CARE benefits should be based on. These amounts should match the data file submitted for each pay period.

Pensionable pay in last period of employment	Pensionable pay in pay period prior to termination	Pensionable pay 2 periods prior to termination	Pensionable pay to be paid after date of termination(if applicable)

Absence due to industrial action Yes No

If yes, amount: _____ Years _____ Days

List dates of absence: _____

Retained FF buying back membership Yes No

If yes have all the contributions been paid Yes No

Retained FF Pension contributions paid

Year to 31 March (previous year) 1 April to last day (current year)

Prepared by: _____ Date: _____

Authorised by: _____ Date: _____