

# Local Government Pension Scheme Request for Pensionable Pay Information (LG30)

2017 v1

## Note for Employers:-

Your employee is using the My Pension Online facility to estimate their future pension benefits and they require estimates of their Final Pay and annual Pensionable Pay under the LGPS to enable them to use the portal. Please could you complete Sections 2 and 3 of this form and return the completed form to the employee.

## Section 1: To be completed by employee

Surname:	First name:	Title:
NI number:	Date of birth:	Post title/unique pay number:

<b>Proposed last day</b>	/ /	You are not making any firm commitment to leaving your employment on this date. This date is only required so that your employer can estimate pay details for you.
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## Section 2 and 3 to be completed by employer

### Section 2: Final pay (LGPS 2008 definition)

**Please provide estimated Final pay for the 365 days ending on the proposed last day of service shown above.** This should be the full time equivalent pay and should include any additional payments that were pensionable before the scheme rules changed in 2014. It should not include any pay for non-contractual overtime or additional hours.

Final pay (2008 definition) for the year ending on the Proposed last day shown above	£
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### Section 3: Pensionable pay for LGPS 2014 Scheme (CARE pay)

Provide an estimate of the yearly pensionable pay for the year ending on the Proposed last day of service above for the member to use in the Benefit Projector. Please note that this should be an **annual figure** even if the proposed retirement date is less than a year in the future.

Pensionable pay in the <b>Main Section</b>	£	Pensionable pay in the <b>50/50 section</b>	£
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### Section 4: Declaration by employer completing form

I understand that the information given on this form will be used by the employee to calculate an estimate of their pension benefits and any errors or omissions will result in an inaccurate estimate.

Print name:	Phone number:
Email address:	Date:

**Note to employer:** Please return the completed form to the employee by email or to their home address to enable them to use the Benefit Projector.