



**ESTIMATE REQUEST**

Please complete in **BLOCK CAPITALS**,

**Employee Details**

Name of Employer / School		Payroll Ref	
Employees full name			
National Insurance Number		Expected Last Day of Service	____/____/____
Job Title			
Reason for estimate, (why leaving)			
Give the tier If the estimate is for ill health retirement, <b>and supply the occ health certificate</b>			
Members address if a voluntary retirement estimate.			

**Pre 2014 scheme pensionable pay details**

Please give the pensionable salary received for the last 12 months of scheme membership in accordance with the 2008 regulations definition (final salary definition).

<b>Pensionable pay</b>	
From            to	£
From            to	£

If the best of the last 3 is required, this will be asked for separately

**Post 2014 pay (CARE pay)**

<b>CARE pay</b>	
1 From            to	£
2 From            to	£

**Contractual Hours**

Hours per week at the date of leaving (as % of F/T)	Date hours effective from
	/ /

If the employee has no fixed hours (casual or variable time contract) please confirm the total number of hours worked each year and the full time equivalent hours:

Year	Total Hours Worked	FTE Hours
From to		

**Assumed Pensionable Pay**

If the employee is retiring on Ill Health, please complete

Annual Assumed Pensionable Pay as at the date of leaving and the date that the pay was either reduced or "no pay"	£ DATE PAY REDUCED
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Please note, the pension estimate information will be sent to the requester in the case of ill Health, Death in Service or Redundancy.

Pre-retirement estimate information will be sent direct to the member concerned.

Signed	Date
Name	Tel No.
Job Title	Employer/school

Please return the form to: Pensions Team, L B Redbridge, 255 – 259 High Road, Ilford, Essex, IG1 1NN

## GUIDANCE NOTES

**REASON FOR ESTIMATE :** please state either:

Retirement  
Redundancy retirement  
Ill health retirement  
Death in service Estimate

### **TIER APPLICABLE FOR ILL HEALTH**

Give the tier as indicated by the certificate issued by your IRMP  
Please forward the certificate.

### **PENSIONABLE PAY**

The figure should be for the last 12 months of scheme membership, so if the last day of service is 27 January 2020, the period to be covered is 28 January 2019 to 27 January 2020.

This should be in accordance with the 2008 regulations definition and would be the whole time equivalent in the case of a part time employee. The form gives the facility to break it into separate financial years if this is easier to provide.

If this is not available for the whole period such as if the payroll provider has changed in that time, the dates that pay can be provided should be clearly given.

### **POST 2014 PAY**

The figure is the actual pay received that contributions have been deducted on.

Box 1 for the complete previous financial year so if the leaving date is 27 January 2020, box 1 should show the pay for 2018/19. This should agree with the March 2019 cumulative figure.

Box 2 should be the pay received from 1 April of the current year to the date of leaving.

### **ASSUMED PENSIONABLE PAY.**

This figure should be the pay figure calculated in accordance with the 2013 regulations and should be the annual figure that is calculate and the date that the pay reduced.