| **Cambridgeshire**Pension Fund | **Northamptonshire**Pension Fund |
| --- | --- |

**Local Government Pension Scheme – death notification form**

Please fill in this form if your employee dies in service whilst an active member of the Local Government Pension Scheme (LGPS). Please use the death form guide whilst completing in the form.

Once you’ve filled in the form, please either:

* **upload it** with all other required documents onto the member’s record on i-Connect. You can find instructions in the Employer i-Connect guide on our website; or
* **scan it** with all other required documents and **email** it securely to pensions@westnorthants.gov.uk documents.

**Section 1 - Employer details**

| **Question** | **Answer** |
| --- | --- |
| Name of employer |  |

**Section 2 – Employee’s personal details**

| **Question** | **Answer** |
| --- | --- |
| Surname |  |
| First name(s) |  |
| Title |  |
| Address |  |
| Postcode |  |
| Date of birth |  |
| NI number |  |
| Job title |  |
| Pay reference |  |
| Unique post reference |  |

[**Section 3**](#Section3) **– Employee’s date of death and next of Kin details**

Please give us the next of kin and other contact details if known, and a copy of the death certificate if available.

| **Question** | **Answer** |
| --- | --- |
| Date of death |  |

|  |  |
| --- | --- |
| **Next of kin details** | **Answer** |
| Full name |  |
| Title |  |
| Relationship to the deceased (if known) |  |
| Address |  |
| Email address |  |
| Mobile number |  |

[**Section 4**](#Section4) **– Membership details, pensionable pay details and pension contributions**

**CARE\* pay (2014 definition)**

Please give the final year’s cumulative pensionable pay from 1 April to date of death.

| **Question** | **Answer Yes/No** | **If yes – date applicable from** | **If yes – cumulative pensionable pay / contractual payments / non contractual overtime / assumed pensionable pay (APP)** |
| --- | --- | --- | --- |
| Member of 50/50 section\* |  |  |  |
| Member of main section |  |  |  |
| Figure(s) include contractual overtime or allowances |  |  |  |
| Figure(s) include non-contractual overtime |  |  |  |
| Assumed pensionable pay (APP) for death in service\* |  |  |  |

\*If the doctor has ticked B8 on the medical certificate, you should work the APP figure out on the pay the member would have had, if they had not been working reduced contractual hours.

**Assumed Pensionable Pay**

Please give the details of the last 3 months of pay used for the calculation of Assumed Pensionable Pay as above

| **Month/Year** | **Basic pensionable pay rate** | **Total Contractual overtime / allowances paid** | **Total non-contractual overtime paid** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

Assumed Pensionable Pay guidance for Employers - [APP full course - text version.pdf (lgpslibrary.org)](https://lgpslibrary.org/assets/Online%20Training/APP%20full%20course%20-%20text%20version.pdf)

**Period of Sickness Absence**

Please give details of the last 3 periods of absence due to sickness

| **date from** | **date to** | **Was the pay reduced during this absence? Y/N** | **Date the pay was reduced from** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

Confirmation of basic full-time equivalent pensionable pay rates in last 3 financial years:

| **Basic pensionable pay rate period** | **Date from** | **Date to** | **Basic pensionable pay rate** |
| --- | --- | --- | --- |
| 1 |  |  | £ |
| 2 |  |  | £ |
| 3 |  |  | £ |

Confirmation of contractual overtime or allowances or non-contractual overtime (only where this pay is treated as pensionable) paid in the last 3 financial years (1 April to 31 March):

| **Financial year** | **Date from** | **Date to** | **Total Contractual overtime / allowances paid** | **Total non-contractual overtime paid** |
| --- | --- | --- | --- | --- |
| 1 |  |  | £ | £ |
| 2 |  |  | £ | £ |
| 3 |  |  | £ | £ |

Confirmation of non-pensionable deductions – annual leave bought in the last 3 financial years:

| **Purchase of annual leave period** | **Days bought** | **Total Deduction** | **Date deduction from** | **Date deduction to** |
| --- | --- | --- | --- | --- |
| 1 |  | £ |  |  |
| 2 |  | £ |  |  |
| 3 |  | £ |  |  |

**Final pay\* (2008 definition)**

This is only needed for employees that were born before 1998. Pension built up before 1 April 2014 is based on a member’s 2008 scheme definition of final pay\* (without non-contractual overtime). Please give the following:

* details of the final pay for the calendar year ending on the date of death; and.
* details of final pay in relation to a previous year, if higher.

| **Question** | **Answer Yes/No** | **If yes – calculated figure** | **If yes – date from** | **If yes – date to** |
| --- | --- | --- | --- | --- |
| Calculated final years pay to date of death\* |  | £ |  |  |
| Previous year’s final pay 1\* |  | £ |  |  |
| Previous year’s final pay 2\* |  | £ |  |  |

\*Please give details of the calculation of the final pay figure(s). There’s a final pay calculator on our website if you need help with this.

**Pension contributions**

| **Question** | **Financial year employee died** | **Previous financial year** |
| --- | --- | --- |
| Pension contributions | £ | £ |

**Additional voluntary contributions (AVCs)\* details**

Please confirm whether you’ve taken AVCs from your employee’s pay in the last 2 tax years.

| **Question** | **Answer Yes / No** |
| --- | --- |
| AVCs taken from employee’s pay in last 2 tax years |  |

If, yes, please fill in the table below:

| **Question** | **Answer** |
| --- | --- |
| Name of provider |  |
| Amount of last AVC deduction | £ |
| Date of last AVC deduction |  |
| Date last AVC paid to provider |  |
| Total of AVCs made in current year | £ |
| Total of AVCs made in previous year | £ |

[**Section 5**](#Section5) **– Employee’s contractual details**

Please give the current contractual details and any changes during the last year they worked for you or the year before.

| **Current / Contractual Change** | **Date from** | **Date to** | **Contractual hours worked (per week)** | **Contractual days / weeks paid per year** | **Full-time equivalent hours / weeks per year** |
| --- | --- | --- | --- | --- | --- |
| Current |  |  |  |  |  |
| Change 1 |  |  |  |  |  |
| Change 2 |  |  |  |  |  |
| Change 3 |  |  |  |  |  |

**Breaks in pensionable membership**

Please detail below any breaks in membership, wherethe member has not chosen to pay additional pension contributions:

| **Break in membership** | **Date from** | **Date to** | **Type of service break (additional, unpaid maternity, paternity or adoption leave, strike, absence with permission (except for sickness or injury))** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**Section 6 – Employer’s declaration**

I confirm that the details provided are complete and correct.

| **Question** | **Answer** |
| --- | --- |
| Name |  |
| Job title |  |
| Contact phone number |  |
| Date |  |

The Cambridgeshire Pension Fund and Northamptonshire Pension Fund are a Data Controller under the General Data Protection Regulations. This means we:

* store;
* hold; and
* manage;

your personal data in line with legal requirements to provide you with pension administration services. To help us to follow these regulations, we need to share your information with certain bodies. We’ll only do so in limited circumstances. You can find more information about:

* how we hold your data;
* who we share it with; and
* what rights you have to ask for more information from us;

on the relevant websites below:

<https://pensions.cambridgeshire.gov.uk/>

<https://pensions.westnorthants.gov.uk/>

You can also ask us for this information in other languages and formats like Braille, large print, and CD.