## Please read the notes before completing this form

Following a death in service, for any member of the LGPS (including employees who had previously opted out of the scheme), regardless of the length of their service, supply an authorised form for each employment with you. If you do not have full and complete information immediately or unable to send certificates yet still send in as much information as you have as soon as possible. Confirm all other details as soon as you can. Send your information to Pension Services

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Deceased: |  | | |
| Date of Death: | /  / | Certificate attached? Yes / No / to follow **\*** | |
| NI Number: |  | | |
| Payroll Reference: |  | | |
| Contractual hours at date of death | hours/week and       weeks /year | | |
| Had the member reduced their contractual hours before their death?Is the IRMP statement attached?(See guidance notes 1, 2 and IRMP statement on below ) | 1. **Not applicable / Yes / No \*** 2. **Not applicable / Yes / No /to follow** \* | | |
|  | | | |
| Annual Assumed Pensionable Pay (AAPP) (guidance note 1 for details) at the date of death: | | | £ |
| Final pay (see note 9) | | | £ |

## Details of Next of Kin, Executor or contact

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Relationship: |  |
| Telephone contact: |  |
| E-mail contact: |  |
|  | |
| Form Completed by: Payroll/ HR  For Employer |  |
| Signature[[1]](#footnote-1): |  |
| Date: | /  / |

(\*delete as appropriate. Please note that if we are supplied with details of next of kin/executor/contact then Pension Services will request copies of the relevant certificates.)

**Please read the notes.**

Send in additional copies of the form, for each employment, as more detailed information becomes available. Please do not hold up this notice while waiting for the certificate or the IRMP opinion concerning reduced contractual hours.

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| **Concerning the reduction to contractual hours** |
| **Suggestion for IRMP s**tatement  concerning the reduction in hours    ‘In my opinion ….. …. (name of the member)  had reduced their contractual hours  ‘wholly or partly as a result of the condition that caused or contributed to the member’s death’,  Name …… …………… signed ……  Official stamp |

Guidance Notes

1. **‘AAPP’** is required to assess

* any lump sum death grant (regulation 40) and
* any enhancements which are included in survivor benefits (regulation 41 and 42) following death in service.

Annual Rate of Assumed Pensionable Pay ((AAPP)(Regulations 21 and 39

Work out this for each employment, using the ‘pensionable pay’ from the three months ending in the pay period before the date of death: take out any lump sum payments made; gross up to the annual rate and add back any regular expected lump sum values, having regard to employer’s discretionary policy. Ignore pay reductions for approved leave, trade dispute and sickness. If the resulting value is materially lower than the member would ordinarily have received, you can instead use the level of pensionable pay the member would have normally received- but please advise us of the basis of your decision.

1. **‘AAPP’** value is not required when notifying us of the death in your employment of someone who previously opted - out of the LGPS.
2. Please attach a copy of the death certificate if you have been sent one. If a death certificate is not attached, we will request one from the next of kin / executor.
3. Where there has been a reduction in contractual hours or rates of pay and an Independent Registered Medical Practitioner (IRMP) confirms that an earlier reduction to contractual hours, or rates of pay is ‘wholly or partly as a result of the condition that caused or contributed to the member’s death’, the reduction in pay is ignored. This means you use the rates of pay which would have applied had the reduction not take place, when assessing the ‘**AAPP’.**

You can use the section above to record the IRMP opinion.

1. IRMP means an independent registered medical practitioner, registered with the General Medical Council and with a diploma in occupational health medicine (D Occ Med) or an equivalent qualification issued by a competent authority in an EEA State (with ‘competent authority’ having the meaning given by Section 55(1) of the Medical Act 1983), or an Associate, a Member or a Fellow of the Faculty of Occupational Medicine or of an equivalent institution in an EEA State, and approved for this purpose by the Pension Fund administering authority.
2. ‘**AAPP**’ is used to assess any death grant and survivor benefits, unless the benefit follows opting out of the scheme.
3. Details of next of kin or executor. Please supply any contact details. Pension Services will follow up with request for any further details from this initial contact
4. Employers will need to provide details of the leaver on the i-connect upload, or the Mars report until 31st August 2020. Ensure APP and Final Pay has been correctly reported on the return or this may create an additional query which could result in the benefits being delayed.
5. **Final pay** is defined under the 2007 regulations. (Briefly the whole time equivalent pay for the member over the last 365 days of membership, do not include overtime unless contractual, ignore reductions of pay due to certified sickness - or the best one of the last 3 years) The details in ‘the regulations’ will always apply.

*These notes were up to date when this form was updated in June 2020 and are provided for information gathering only. They confer no contractual or statutory rights and in the event of any dispute the appropriate legislation will prevail.*

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1. *If the form has been completed by hand, a signature must be present. If the form has been completed on Word, the form must be e-mailed encrypted to* [*pension.services@oxfordshire.gov.uk*](mailto:pension.services@oxfordshire.gov.uk) *by the responsible pension contact and no signature is required.* [↑](#footnote-ref-1)