

CONTROLLED ONCE COMPLETED
REDUCTIONS IN PENSIONABLE PAY

This form is for applying for protection of your pensionable pay used to calculate your Local Government Pension Scheme (LGPS) benefits built up to 31 March 2014. The form is only valid if signed and completed more than one month before your date of leaving employment / retiring.

LGPS benefits built up to 31 March 2014 are calculated using Final Pensionable Pay (FPP). FPP is normally the full time equivalent pensionable pay in your last year of employment, or either of the previous 2 years if higher.

If your final pensionable pay is reduced or restricted in a continuous period of employment, within 10 years of ceasing to be a contributing member of the LGPS, you may be eligible for FPP protection.

FPP protection allows Derbyshire Pension Fund to look back at the previous 13 years FPP in the calculation of Pre 1 April 2014 benefits and use the best average of any 3 consecutive years ending 31 March.

To apply to your employer for protection, your pensionable pay must have been reduced or restricted in one of the following circumstances:

Section 1 – Criteria

a	You choose to be employed by the same employer at a lower grade or with less responsibility.
b	For the purposes of achieving equal pay in relation to other employees of that employer.
c	As a result of a job evaluation exercise.
d	A change in your contract of employment resulting in the cessation or restriction of, or reduction in, payments or benefits specified in your contract of employment as being pensionable.
e	The rate at which your rate of pay may be increased is restricted in such a way that it is likely that the rate of your retirement pension will be adversely affected.

It is in your interest to apply for protection if you have continuous service that started prior to 1 April 2014 and meet any of the criteria listed above.

Your employer must confirm the circumstances behind your pay reduction / restriction.

To apply for pensionable pay protection, please complete the form on page 2 and send this **to your employer**. Your employer will then be responsible for verifying the circumstances and sending the completed form to Derbyshire Pension Fund.

Please ensure that your employer receives your completed form no later than one month before you leave employment or retire.

***Signing your form**

You can sign this form in Microsoft Edge by selecting “Draw” on the toolbar. You can then save the form so it can be attached to an email.

If you are using another internet browser, download or save the form and then select “Fill & Sign” in Adobe Acrobat, or “Annotate” if using another PDF viewer. You can then add your signature.

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Section 2 – Your Personal Details

Surname		Title		Marital Status	
Forename(s)		Date of Birth	dd/mm/yyyy		
National Insurance Number		Employee / Post Ref			
Employer					
Date Pay Reduction / Restriction Applied From		dd/mm/yyyy			

Section 3 – Member Declaration

- I have read and understood the notes on page 1 of this form
- I believe that my pensionable pay has been reduced or restricted under one or more of the criteria listed in Section 1 and I wish to have 'Final Pensionable Pay Protection' for my LGPS benefits earned to 1 April 2014, if I leave the scheme within 10 years of the date the reduction / restriction
- I confirm that I am currently contributing to the qualifying post and I am more than one month away from my date of leaving employment / retiring

Signature*		Date	dd/mm/yyyy
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Please send this form to your employer for verification, not to Derbyshire Pension Fund

Section 4 – Employer Declaration

- I confirm that the above named employee meets the following criteria, listed in Section 1 (please tick one)

a	b	c	d	e
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- I confirm that the pay reduction / restriction was applied with effect from the date listed in Section 2
- I confirm that the employing authority, named below, will be responsible for providing Derbyshire Pension Fund with 13 tax years of final pensionable pay for the above member on leaving employment / retiring if the protection is still in place at that time

Signature*		Date	dd/mm/yyyy
Name			
Employing Authority			

***Please retain a copy of this form for your records and send the completed form to:
Derbyshire Pension Fund, County Hall, Matlock, DE4 3AH***

Employer: This form must be signed by an individual who has been notified to Derbyshire Pension Fund as a signatory authorised to release LGPS benefits, for the employing authority named above.

Whether the above named employee is approved or rejected for the protection of pensionable pay, please inform the employee in writing of the decision and provide them with the Application for Adjudication of Disagreements leaflet found at: www.derbyshirepensionfund.org.uk/AADP