|  |  |
| --- | --- |
| **Resource Toolkit** | Single Scheme Administration Project (Phase 1)  **Retirement Resources** |
| **Resource Name** | Retained Single Scheme Benefits Verification Form |
| **Resource Reference** | SPS.RET.U.TF.03 (Phase 1) |
| **Description** | This form may be issued to a retiring Single Scheme member who has indicated that they hold retained **Single Scheme benefits** with another Relevant Authority. |
| **Version** | V1.0 |

**Single Public Service Pension Scheme**

***Verification on Retirement - Retained Single Scheme Benefits from Prior Employments***

**About this Form:**

This form should be used when a member of the Single Public Service Pension Scheme is retiring, or has requested formal retirement options, and has indicated that they may have retained Single Scheme benefits from earlier employment with another Public Service Body.

**Section A -** to be completed by **MEMBER:**

- You should fully complete Section A to assist your former employer locate relevant details

-On completion, you should send this Form to the Pensions Officer of your former employer for completion of Section B

- **If you had more than one former employer, you should complete/send a form for EACH employer**

- On receipt of your fully completed Form from your former employer(s), you should pass the original to your current employer).

**Section B** - to be completed by **FORMER EMPLOYER:**

**-** Former employers should carefully complete Section B of this form

**-** On completion, you should send this Form to the individual concerned at their current address

- A delay in completion of this Form may delay the issue of Retirement Options and/or payment of retirement benefits to the member.

**SECTION A: To be completed by MEMBER**

|  |  |
| --- | --- |
| **Member First Name** |  |
| **Member Surname** |  |
| **Member Maiden Name (if applicable)** |  |
| **Date of Birth** |  |
| **PPSN** |  |
| **Current Address** |  |
| **Contact number or email** |  |

I claim the following benefits in respect of my prior membership of the Single Public Service Pension Scheme in your employment. Please complete Part B of this Form and return to me at the address above.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ref** | **Grade/Occupation** | **Employer Location** | **From date** | **To date** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

**SECTION B: To be completed by FORMER PUBLIC SERVICE EMPLOYER**

**Please provide the following information in relation to prior service claimed above:**

**Q1. Exact Dates of Single Scheme membership for which Single Scheme benefits are retained:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Grade/Occupation** | **Employer** | **From date** | **To date** | **Standard or Uniformed accrual?** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

**Q2. Details of any periods of unpaid absences/leave included in the service detailed in Q1:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Absence Type (e.g. unpaid leave, career break)** | **From date** | **To date** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

**Q3. Details of retained Single Scheme Benefits**

|  |  |  |
| --- | --- | --- |
| **Referable Amount** | **€**  **Actual**  **(no CPI)** | **€**  **Current value when adjusted for CPI to 31 Dec last** |
| Lump Sum |  |  |
| Pension |  |  |

**Q4. Other than the employments noted at Q1 above, was the member previously part of the Single Scheme in your employment for which a refund of contributions was paid? *(tick one box only)***

NO  (go to question 9)

YES  (complete questions 5 to 10)

**Q5. State the exact dates of Single Scheme membership to which the refund at Q4 is related:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Grade** | **Employer** | **From date** | **To date** | **Standard or Uniformed accrual?** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

**Q6. Details of any periods of non-pensionable absences/leave included in the service detailed in Q5:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Absence Type (e.g. unpaid leave, career break)** | **From date** | **To date** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**Q7. Confirm the details of the refund paid in respect of service noted at Q5 above:**

|  |  |  |
| --- | --- | --- |
|  | **Gross Amount of Refund** | **Date Refund Issued** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

**Q8. Specify the corresponding referable amounts in respect of the refunds specified above in the event that the member potentially be eligible to repay the refund received, with interest.**

If the referable amounts detailed above spanned more than one calendar year, please specify the calendar year and provide details of the corresponding referable amounts for that calendar year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Calendar Year** | **Year 1**  ***(e.g. 2014)***  **20\_\_\_\_** | **Year 2**  ***(e.g. 2015)***  **20\_\_\_\_** | **Year 3**  ***(e.g. 2016)***  **20\_\_\_\_** |
| **Pension Referable Amount**  (without CPI adjustment) |  |  |  |
| **Lump Sum Referable Amount**  (without CPI adjustment) |  |  |  |

**Q9. Please indicate if you hold a Pensions Adjustment Order in respect of the member?**

**No  Yes** *(enclose details)*

**Q10. Additional Information that may be relevant for pension purposes?**

|  |
| --- |
|  |

**AUTHORISED SIGNATORY**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_ / \_\_ / \_\_\_\_ OFFICIAL STAMP:**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Please return the original, fully completed form to the member’s home address***