|  |  |
| --- | --- |
| **Resource Toolkit** | Single Scheme Administration Project (Phase 1)**Purchase - Transfer Resources**  |
| **Resource Name** | Retained Single Scheme Benefits for **Purchase** Verification Form |
| **Resource Reference** | SPS.PUR.U.TF.02 (Phase 1) |
| **Description** | Single Scheme members seeking a cost estimate to purchase additional retirement benefits or seeking to transfer certain approved retirement benefits from external, Revenue approved schemes (as provided for in [Circular 15 of 2019](https://singlepensionscheme.gov.ie/?page_id=5121&preview=true)) into the Single Scheme and who may have been employed previously in a pensionable capacity with a Relevant Authority other than their current Relevant Authority employer should arrange to have this form completed by a former employer(s) as part of the purchase/transfer cost estimate process. |
| **Version**  | V2.0 |

**Single Public Service Pension Scheme**

***Verification of Retained Single Scheme Benefits (Purchase) from Prior Employments***

**About this Form:**

This form should be used when a member of the Single Public Service Pension Scheme is seeking a cost estimate to purchase additional retirement benefits or transfer in certain approved retirement benefits from external, Revenue approved schemes (as provided for in [Circular 15 of 2019](https://singlepensionscheme.gov.ie/?page_id=5121&preview=true)) 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 a purchase cost estimate 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** |  |

**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. If member FTE varied through any period of pensionable employment please set out, showing changes in FTE, dates of pensionable employment and corresponding FTE work-pattern at Q11 “*Additional Information that may be relevant for pension purposes.*”**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Grade/Occupation** | **Employer** | **From date** | **To date** | **FTE** | **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. If the Member was in your employment on 31st of December last, please state annual gross pensionable remuneration calculated on a full-time (FTE 1.0) basis.**

|  |  |
| --- | --- |
|  | **On 31 Dec Last** |
| **Annual Gross Pensionable Remuneration** |  |

**Q4. Details of retained Single Scheme Benefits**

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

**Q5. 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)

**Q6. State the exact dates of Single Scheme membership to which the refund at Q4 is related. If member FTE varied through any period of pensionable employment please set out, showing changes in FTE, dates of pensionable employment and corresponding FTE work-pattern at Q11 “*Additional Information that may be relevant for pension purposes.*”**

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

**Q7. 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 |  |  |  |

**Q8. 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 |  |  |

**Q9. 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) |  |  |  |

**Q10. Please indicate if you hold a Pensions Adjustment Order in respect of the member?**

[ ]  **No** [ ]  **Yes** *(enclose details)*

**Q11. 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***