

FIRE PENSION SCHEME'S 1992 – 2006 - 2015

EMPLOYER MANDATE

This form should be completed by the employer and forwarded to the Scottish Public Pensions Agency (SPPA) 28 days before the applicant's last day of service. Delays in submission of this form may result in late payment of benefits.

Any amendments arising after submitting this form should be notified to SPPA immediately.

SECTION 1 – PERSONAL DETAILS – FOR ALL EMPLOYEES

National Insurance number

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Forename

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Surname

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Address

Postcode

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Date of birth

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Date of birth confirmed by employer

To the best of my knowledge I can confirm this is the date of birth we hold for the member. Birth certificates need not be sent if this box has been ticked.

Leaver Date (undecided leavers)

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Retiral date

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Ill Health Retiral Only

U		L	
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Was HMRC Severe Ill Test Met?

Y		N	
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SECTION 1 – HR DECLARATION

To the best of my knowledge all information given in this form is correct and signed and dated by the member.

Name of employer	<input type="text"/>
Name (BLOCK CAPITALS)	<input type="text"/>
Telephone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email address	<input type="text"/>
Signed	<input type="text"/>
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 2 – DETAILS OF PENSIONABLE SALARY

Section 2 (a) - Please provide final pensionable pay						
Date of Leaving (DOL)				Final Pensionable Pay (pensionable pay in the 12 months prior to DOL) (Not applicable if officer joined on or after 1 April 2015)		
Day	Month	Year				
						£

Section 2 (b) - Please provide year end data.						
Return dates needs to be: For the current financial year to DOL						
(1)			For the financial year preceding DOL			
Return date				Pension Contributions	NI Contracted Out Earnings	CARE Pensionable Pay (if applicable)*
Day	Month	Year				
To Date of Leaving				£	£	£
3	1	0	3	£	£	£

* Not applicable if officer is fully protected or is in a period of tapered protection and has therefore never joined the CARE Scheme

Final year's salary increases, any unpaid leave and periods of acting up in which split pension may be payable.

Start date			End date			Number of days worked	Annual rate of Salary	Reason
Day	Month	Year	Day	Month	Year			

CPD Contributions

Start date			End date			Amount of CPD Received	Total of Employers & Employees Conts paid on CPD
Day	Month	Year	Day	Month	Year		

SECTION 3 – PAYROLL DECLARATION

To the best of my knowledge all information given in this form is correct and signed and dated by the member.

Name of employer	<input type="text"/>
Name (BLOCK CAPITALS)	<input type="text"/>
Telephone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email address	<input type="text"/>
Signed	<input type="text"/>
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>