TEACH:RET Part 2 (Employers Only)

TO BE COMPLETED BY THE EMPLOYING AUTHORITY

This form should be completed by the employer and forwarded to the Scottish Public Pensions Agency (SPPA) at least 4 months 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.

Leaver details must be notified to SPPA within three months of termination date.

SECTION 1 – PERSONAL DETAILS – FOR ALL EMPLOYEES

Superannuation number	☐☐☐☐☐☐
Forename	
Surname	
Date of birth	☐☐ / ☐☐ / ☐☐
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.

Please note all members will be in the CARE scheme from 1 April 2022, so please complete all fields in Section 2

Inclusive date to which earnings will be paid	☐☐ / ☐☐ / ☐☐☐☐
Retirement category	Age ☐ ARP ☐ PRC ☐ Phased ☐
If phased, date phased retirement effective from:	☐☐ / ☐☐ / ☐☐☐☐
Member will terminate **ALL** supply contracts	☐

For all scheme members, please complete **Section 2**

(A separate Section 2 should be completed for each employment contract i.e. if the member has two part time contracts, then a separate Section 2 would be completed for each contract. A duplicate copy of Section 2 is available in the 'Forms' section on our website)

Then complete the employer information in **Section 3**
If the applicant is retiring on premature ground, please complete **Section 4**.
If the applicant is retiring on phased retirement, please complete **Section 5**.

SECTION 2 – DETAILS OF EMPLOYMENT

Payroll Reference		Date Contract Began	

Period used for return date needs to be for the financial year preceding date of retirement.

Return Date	3	1	0	3		

Salary Rate (full time equivalent rate should still be reported if member is part time/supply)		
Full Time	Number of **Days** Worked	
Part Time / Supply	Number of **Hours** Worked	
Full Time Equivalent Hours e.g. 1365 or 1820		
CARE Pensionable Pay (Including Overtime)		
Overtime Earnings		

To date of leaving

Leaving Date						

Salary Rate (full time equivalent rate should still be reported if member is part time/supply)		
Full Time	Number of **Days** Worked	
Part Time / Supply	Number of **Hours** Worked	
Full Time Equivalent Hours e.g. 1365 or 1820		
SNCT Leaver Adjustment (If Applicable)		
CARE Pensionable Pay (Including Overtime & SNCT)		
Overtime Earnings		

Notes:(if revision of pension required please indicate here and confirm if contributions have been paid by employer and member)

Is pay to date of leaving provisional or final? Provisional ☐ Final ☐

BY COMPLETING THE BELOW TABLES FOR THE LAST 10 YEARS, IT WILL REDUCE THE CHANCES OF SPPA NEEDING TO CONTACT YOU FOR FURTHER INFORMATION PLEASE ENSURE ALL STRIKE DAYS AND ABSENCES ARE INCLUDED

Last 365 Day Period

Start Date	End Date	Salary Rate

Strike Days (In Last 10 Years)

Start date			End date		
Day	Month	Year	Day	Month	Year

Start date			End date		
Day	Month	Year	Day	Month	Year

Acting Up (In Last 10 Years)

Start date			End date			Salary Rate	Full Time	Part Time	
Day	Month	Year	Day	Month	Year		Days	Hours	FTE Hours e.g 1365

Periods of Absence (In Last 10 Years)

Start date			End date			Salary Rate	Half Pay (Y/N)	Nil Pay (Y/N)	Reason
Day	Month	Year	Day	Month	Year				

Please ensure you complete the employer's declaration at Section 3

SECTION 3 – EMPLOYER 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	
Name (BLOCK CAPITALS)	
Telephone number	
Email address for any enquiries	
Signed	
Date	/ /

SECTION 4 – CERTIFICATION RELATING TO PREMATURE RETIREMENT

Employer declaration

A full description of mandatory and discretionary compensation if available from the Employers guide

I certify that _____ who is aged 55 or over, is retiring from their teaching post at _____ on the grounds of redundancy'/in the interest of the efficient exercise of the employers function* with effect from __ __ / __ __ / __ __ __ __

* delete as appropriate

I also agree that the above named is entitled to payment of his/her retiring allowances under regulation E6(6) of the Teachers' Superannuation Scheme (Scotland) Regulations 2005 (as amended) or regulation 96 of Teachers' Pension Scheme (Scotland) Regulations 2014 and is therefore entitled to mandatory compensation.

Is the member also being paid a discretionary enhancement? Yes ☐ No ☐

Do you wish to pay SPPA capitalisation costs for:

- mandatory compensation? Yes ☐ No ☐
- discretionary compensation? Yes ☐ Amount _____ No ☐

Please note that in addition to the capitalisation costs there will also be an administration charge, details of which are on the website.

If the teacher is receiving discretionary compensation not paid by SPPA please give details of the provider

Name of provider _____

Address of provider _____

Post code _____

Telephone number _____

This certificate should be signed by a senior officer in the Employing Authority who is associated with the decision to accept the voluntary early retirement for the person claiming benefits.

Please ensure to supply us with a valid email address as the salary, service and pension details will now be sent out via email.

Employing authority _____

Position _____

Telephone No _____ Email _____

Signed _____ Date _____

SECTION 5 – PHASED RETIREMENT CERTIFICATE BY EMPLOYER

Note: Every time a member takes phased retirement, we require you to submit a leaver up to the day before their phased retirement takes effect for each active contract. You would then submit a starter for the day the phased retirement starts.

For example, if a member is reducing their hours and taking phased retirement with effect from 18 August, you would submit a leaver for the 17 August for each active contract and then a starter for the 18 August for each applicable contract.

It is important you highlight to us immediately if the leaver date you submit is different from the one submitted on the retirement application.

I certify that the particulars given previously are correct and:

- If applying after the change of contract the member has applied within 3 months of the change in contract
- there will be a reduction in the member's contributable salary of 20% or more as compared with the average rate of contributable salary in the six months prior to the end of his/her previous employment
- that this reduced new salary rate will not exceed 80% of the previous salary for a period of 12 months from the date of the salary reduction, ignoring standard pay increases
- all contributions properly payable under the regulations governing the pension scheme have been or will be deduction from the salary.

Salary after phased retirement	£
Employer name	
Employer address	
Post code	
Name (in BLOCK caps)	
Telephone number	
Email address for any enquiries	

Signed _____ Date _____