

Firefighter Pension Schemes

Deferred Annual Benefit Statement 2019 – Explanatory Notes



1 Personal Details		
a	Full Name	Your name as held by Essex Pension Fund's records.
b	Date of Birth	Your date of birth as held by Essex Pension Fund's records.
c	NI Number	Your National Insurance Number as held by Essex Pension Fund's records.

2 Details of Deferred Benefits		
a	Essex Pension Fund Reference	This is your unique pension record number, used for administrative purposes.
b	Date of Leaving (DOL)	This is the date you left pensionable service, according to our records.
c	Scheme at DOL	This is the Firefighters' Pension Scheme you were an active member of immediately prior to leaving pensionable service.
d	Previous Scheme (if applicable)	This will show the name of your former Firefighters' Pension Scheme, if you had transitioned into the Firefighters' Pension Scheme 2015 prior to leaving pensionable service.
e	Date Benefits Payable From	Please refer to the table on the reverse of your deferred benefit statement, which outlines the date your scheme benefits are payable from. You may hold deferred benefits in two different Firefighters' Pension Schemes. Please note that SPA is a reference to your current State Pension Age, and this is subject to change.

3 Value of Deferred Benefits as at 8 th April 2019		
a	CARE Annual Pension	If applicable, this is the value of your total accrued annual pension in the Firefighters' Pension Scheme 2015, as at 8 th April 2019. The value includes any Pension Increases applied between your date of leaving pensionable service and 8 th April 2019 inclusive.
b	Final Salary Annual Pension	If applicable, this is the value of your total accrued annual pension in the Firefighters' Pension Scheme 1992 or Firefighters' Pension Scheme 2006, as at 8 th April 2019. The value includes any Pension Increases applied between your date of leaving pensionable service and 8 th April 2019 inclusive.
c	Total Annual Pension	Where applicable, this is the sum of the figures in 3a and 3b above.
d	Survivor's Annual Pension	This is the total survivor's annual pension accrued in all relevant Firefighters' Pension Schemes in which you hold deferred pension rights, as at 8 th April 2019. The value includes any Pension Increases applied between your date of leaving pensionable service and 8 th April 2019 inclusive.

4 Death Grant Expression of Wish		
a	Name of Beneficiary / Proportion of Benefit %	This box outlines any beneficiaries you nominated whilst you were an active member of the scheme, and only applies to the Firefighters' Pension Scheme 2006 or Firefighters' Pension Scheme 2015. Please note that no death grant is payable under these schemes in the event of your death as a deferred member. However, should you recommence pensionable service (and cease to be regarded as being a deferred member of these schemes) any pre-existing nomination can be taken into consideration should a death grant become payable upon your death as an active member of these schemes. For these schemes, a death grant is also payable should you die within 5 years of commencing payment of your pension; and the Fire Authority can have regard to any nominated individual(s) when deciding to whom to make this payment.

Personal Details - Amendment Form

If you wish to amend or query any of the information given on your Benefit Statement, please complete this form and return to Essex Pension Fund, Essex County Council, PO Box 11, County Hall, Chelmsford, Essex CM1 1LX. Alternatively you can give us a call on 01245 431666 or email policeandfirepensions@essex.gov.uk

Surname

Forename(s)

Date of birth Telephone Number.....

National Insurance Number.....

Email Address.....

Certain details given on the Benefit Statement are incorrect. Please note as follows:

- My name is shown incorrectly. My correct name is shown above.
- My date of birth is shown incorrectly. The correct date is shown above.
Please send us your original birth certificate for verification.
- My National Insurance Number is shown incorrectly. The correct number is shown above.
- Other. *Please give details below*

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Signed Date/...../.....