

**Employing Authority Authorisation for Payment of Employer Costs for
Premature Retirement (Efficiency of the Service)**

The purpose of this form is for Employers to confirm their agreement to meet the costs payable to HSC Pension Service for Scheme Members who have been Prematurely Retired (Efficiency of the Service, Agreed VER).

The form should be completed by the Human Resources Department and signed off by Director of Finance and Chief Executive.

Member Name _____

Member Staff No.

Member N.I No.

Total Employer Capitalised Cost Payment £ _____

I certify that _____ (enter Employing Authority name) has agreed to meet the capitalised cost of this application for premature retirement (efficiency of the service) based on the details above.

The payment of £ _____ will be paid by **BACS** to the HSC Scheme account on ___/___/___ as a one off payment. (Not to be included with the normal monthly payment).

Signed

Director of Finance _____ **Date** ___/___/___

Chief Executive _____ **Date** ___/___/___