# CERTIFICATE OF PROTECTION S20 Dec 2020

* **This certificate is for employer use only.**
* This certificate is to be used where (a) the member’s rate of pay is permanently reduced; or (b) the rate at which it may be increased is restricted in such a way that it is likely that the rate of the member’s pension will be adversely affected.
* This certificate may NOT be issued where a reduction in pay follows a TEMPORARY increase in pay OR a TEMPORARY increase is reduced to a level which is above normal pay OR a TEMPORARY reduction in pay is made.
* This certificate will remain in force for a period of 10 years from the date of material change in pay.
* The certificate shall lapse if the member leaves the employment (other than via TUPE transfer) under which the certificate was issued, without becoming entitled to immediate or deferred pension benefits.
* If you take flexible retirement, the certificate will not apply to any employment you continue to hold after the date you take flexible retirement.
* You should be aware that you may, by opting out of scheme membership, force the application of this certificate before it would otherwise lapse. Opting-out of membership is likely to trigger other consequences in regard to pension benefits and, if considering doing so, you are advised to obtain full details from your employer/scheme administrator and take financial advice.
* Having a certificate means that:
* The amount of career average pension accrued after a reduction in pay will be increased by the multiplier shown below.
* The amount of career average pension accrued after a restriction in pay will be increased by reference to the pay that would have been received but for the restriction.
* The amount of any pre 1 April 2015 final salary pension will be calculated on, after allowing for inflation, the best year’s pay in the last 5 years, or the average of the best consecutive 3 years’ pay in the last 13 years beginning, in either case, with a day no earlier than three years prior to the date of the reduction or restriction in pay and ending with the anniversary of the date of ceasing active membership of the scheme.

**EMPLOYERS: Please return this certificate to the Strathclyde Pension Fund Office, P.O. Box 27001, Glasgow G2 9EW or email it to** [**spfo@glasgow.gov.uk**](mailto:spfo@glasgow.gov.uk)

###### ABOUT THE MEMBER

|  |
| --- |
| Forename(s): |
| Surname: |
| National insurance number: |
| Unique pensions identifier number: |
| Department/Service: |
| Employer: |
| Job title: |
| Current hours: |
| Date of reduction / restriction in pay: |

FOR CARE BENEFITS

|  |  |
| --- | --- |
| Pre reduction pay |  |

|  |  |
| --- | --- |
| Post reduction pay |  |

|  |  |
| --- | --- |
| Multiplier (Pre reduction pay / Post reduction pay) |  |

|  |  |
| --- | --- |
| Pensionable pay earned in scheme year to the day before the date of reduction / restriction in pay |  |

FOR FINAL PAY BENEFITS (do not complete if the member only has CARE benefits)

RATES OF REMUNERATION PAID DURING THE 3 YEARS PRIOR TO THE DATE OF REDUCTION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Rate of pay(annual  salary/weekly wage) | Full-time equivalent  rate of pay or full-  time term-time  equivalent rate of  pay | Bonus (state period  covered) | Other pensionable  emoluments (state  source and amount) |
| **Please ensure that the line immediately below contains the member’s pensionable pay after the**  **material reduction has been applied** | | | | |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |

EMPLOYER DECLARATION

I certify that the remuneration of the above-named pensionable employee has been reduced or restricted in

consequence of a material change in the employee’s circumstances. I understand that the employer is required to record salary rates for 10 years commencing from date of reduction or restriction.

|  |  |
| --- | --- |
| Signed |  |

|  |  |
| --- | --- |
| Designation |  |

|  |  |
| --- | --- |
| Tel. number |  |

|  |  |
| --- | --- |
| email |  |

|  |  |
| --- | --- |
| Dated |  |