

GP Practice, Direction Employers & Out of Hours Staff

(J2) Notification of Start of Pensionable Employment

This form must be completed and sent to HSC Pension Service immediately a person starts pensionable employment

To be completed by an authorised officer – not the member.

1.	National Insurance Number	
2.	Date of Birth	
3.	Has date of birth been verified from birth certificate	Tick appropriate box:- Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Title	
5.	Sex	
6.	Surname	
7.	Forename	
8.	Address	
	Postcode	
9.	Email	
10.	Telephone	
11.	Date Started Current Pensionable Employment	
12.	Date Member Joined Employer	
13.	Reason (if any) member was not pensionable from first date of employment (opted out, not eligible for Auto enrolment, postponed etc)	
14.	Capacity in which employed? (Job Role)	
15.	Whole-time or part-time?(FT/PT/bank/adhoc)	
16.	Is this the joiner's only pensionable employment? Y/N If N, please give details of other employments. (e.g. Practice No, HSCT, Staff No)	
17.	If part-time, proportion of whole-time as a fraction. (25.5/37.5 etc)	
18.	Annual Whole Time Equivalent (WTE) Salary	

19. Employer Declaration

I declare that I have issued the member with a copy of the 2015 Scheme Guide.

Sign here

Name

Official Designation

Date

Telephone Number

E-Mail

Send to: HSC Pension Service, Orchard House, 40 Orchard House,
Londonderry, BT48 6AT or email to hscpensions@hscni.net

Stamp:

Practice Identifier: