

**SUPERANNUATION DETAILS FOR ASSISTANT PRACTITIONER
(SALARIED/RETAINEE GP's) 2014/15**

SR1

¹
Practice Name/
Address Stamp:

²
Practice
Code:

DETAILS OF ASSISTANT/RETAINEE PRACTITIONER

| | |
|--|--|
| 3 Name of Practitioner (<i>in full</i>): | |
| 4 National Insurance Number: | |
| 5 Cypher Number: | |
| 6 Start Date: | |
| 7 Termination Date: | |
| 8 Salaried/Retainee (<i>please specify</i>): | |

| 9 Estimated Superannuation Salary for Year 2014/15 (Existing GPs) | 10 Estimated Superannuable Salary for Year 2014/15 Pro Rata | Contributions to be Paid for Year 2014/15 | | | | | |
|--|---|---|---------|----------|---------|-------------|---------|
| | | Employee | | Employer | | Added Years | |
| | | 11 £ | 12 % | 13 £ | 14 % | 15 £ | 16 % |
| | | | | | 13.3% | | |

DECLARATION OF EMPLOYER

| | |
|---|--|
| <i>I certify that the information on this form is correct</i> | |
| 17 Print Name: | |
| 18 Position in Practice: | |
| 19 Signature: | |

Please return this form to:

HSC Pensions Service
Waterside House
75 Duke Street
Derry
BT47 6FP

Alternatively you can email this form to:

Adrian.McGrory@hscni.net