

SR1

**SUPERANNUATION DETAILS
FOR ASSISTANT PRACTITIONERS [SALARIED/RETAINEE GPs] 2013/2014**

PRACTICE NAME/
ADDRESS STAMP:

PRACTICE
CODE:

DETAILS OF ASSISTANT/RETAINEE PRACTITIONER

SURNAME	
FORENAME[S]	
NATIONAL INSURANCE NUMBER	
CYPHER NUMBER	
START DATE	
TERMINATION DATE	
Did GP join practice as Principal on termination of Salaried position?	Yes/No

ESTIMATED SUPERANNUABLE SALARY FOR YEAR 2013/14 [existing GPs]	ESTIMATED SUPERANNUABLE SALARY FOR YEAR 2013/14 PRO RATA [i.e. GPs who start during the year]	CONTRIBUTIONS TO BE PAID FOR YEAR					Included with Monthly Payment on Account? [Yes/No]
		Employee		Employer		Added years	
		£	%	£	%	%	
Any Other Information							

DECLARATION OF EMPLOYER	
I certify that the information on this form is correct.	
Employer's signature:	
Position in practice:	

Please return to:
HSC Pension Service
75 Duke Street
Londonderry
BT47 6FP