

SUPERANNUATION DETAILS FOR ASSISTANT PRACTITIONER (SALARIED/RETAINEE GP'S) 2018/19

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 2018/19 (Existing GPs)	10 Estimated Superannuation Salary for Year 2018/19 Pro Rata – Annualise*	Contributions to be Paid for Year 2018/19					
		Employee		Employer		Added Years	
		11 £	12 %	13 £	14 %	15 £	16 %
					16.3%		

**CARE 2015 membership : From 1 April 2018 the pay that is used to set the contribution tiered rate for GP (and non-GP) Providers who starts after the 1st of April or leaves before the 31st of March is annualised. For example a GP who starts at a surgery on 01/06/2018, joining the scheme for the first time and earns £70,000.00 up to 31/03/2019 will be subject to the 13.5% rate. (£70,000.00 divided by 304 days x 365 days = notional pay of £84,046.05).*

DECLARATION OF EMPLOYER

I certify that the information on this form is correct

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:

GPcertificates@hscni.net