

SUPERANNUATION DETAILS FOR ASSISTANT PRACTITIONER (SALARIED/RETAINEE GP's) 2015/16

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 2015/16 (Existing GPs)	10 Estimated Superannuable Salary for Year 2015/16 Pro Rata	Contributions to be Paid for Year 2015/16					
		Employee		Employer		Added Years	
		<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	<i>15</i>	<i>16</i>
		£	%	£	%	£	%
					16.3%		

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:

GPcertificates@hscni.net