

## HSC Superannuation Scheme

### Notification of Start of Superannuable Employment

#### Practitioner/Assistant Practitioner/Locum

Practitioner/ Assistant/ Locum's Name

Cypher Number or GMC Number  
GDS Number

National Insurance Number 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth  /  /

Start Date  /  /  Practice Number

**Please indicate if the post is:**

A Principal  An Assistant Practitioner  A Locum Practitioner

Email Address: \_\_\_\_\_

**Notes for the applicant: Please read these before filling in the form.**

1. If you were in the HSC Pension scheme and if you are re-joining the scheme within 5 years of leaving it (or longer if you left to take up a study course or approved employed) your earlier employment can count towards your superannuation.
2. If you were in another pension scheme within the past 12 months and now you are joining the HSC Pension Scheme, you may be able to reckon your service in the previous scheme. To do this you must complete this form within 6 months of entering this scheme so that we can ask for a transfer to be arranged.
3. The HSC Pension Scheme Guide can be viewed online at <http://www.hscpensions.hscni.net/scheme-guides/>
4. All applicants should complete **Parts A & B**. If you are, or have been a member of the HSC Pension Scheme at any time, complete **Part C**. If you are or have been a member of another pension scheme (this includes a personal pension) **Part D**.

Principal GP's, Salaried/Retainee GP's and Locum GP's, please complete and send to HSC Pension Service, Waterside House, 75 Duke Street, Londonderry, BT47 6FP for processing.

Out of Hours Employments—Please complete and send to your Out of Hours Provider

All Dental Practitioners—Please complete and send to Dental Section, BSO, 2 Franklin Street, Belfast, BT28QD

**Part A Personal details**

1. Surname

2. Fore names (in full)

3. Maiden name (if applicable)

4. Date of Birth

5. Title

Dr  Mr  Mrs  Miss  Ms

6. National Insurance Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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7. What is your marital status?

Married  Single  Civil Partners   
Divorced  Separated  Widowed

8. If you are separated/divorced or a widow(er) please give the date of your separation/divorce/your wife or husband's death

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9. Your present address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

10. Telephone number—please provide a telephone number we can contact you on if we require further information.

**Part B**

Are you: -

- A. Already on the BSO list?                      Yes  No
- B. Currently employed in another post in the Northern Ireland Health Service?                      Yes  No
- C. Paying superannuation in employment with the Northern Ireland Health Service?                      Yes  No

If "Yes" to a, b or c please give details

Place of Employment	<input type="text"/>
Payroll/Reference No	<input type="text"/>
Place of Employment	<input type="text"/>
Payroll/Reference No	<input type="text"/>
Place of Employment	<input type="text"/>
Payroll/Reference No	<input type="text"/>
Place of Employment	<input type="text"/>
Payroll/Reference No	<input type="text"/>

Are you in receipt of a HSC Pension                      Yes  No

If "Yes" please state your HSC Pension Payroll Number

3. Are you making additional payments for: -
- A. buying back previous service? Yes  No       B. Additional Pension Purchase? Yes  No
  - C. Purchasing added years?      Yes  No
  - D. Purchasing unreduced Lump Sum Retiring Allowance?      Yes  No

**Part C Complete this if you were previously a member of the HSC Pension Scheme**

Who was your employer?

On what date did you leave that employment

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If you left that employment less than 12 months ago have you applied for a refund? Yes  No

Do you want to repay these contributions so that they count for your Pension? Yes  No

Did you leave your last HSC employment to take up a course of study or training or to take up employment in which your superannuation rights were protected? Yes  No

If "Yes" please complete a to c:-

A. the type of work you were employed in \_\_\_\_\_

B. the date you started \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

C. the date you finished \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Part D Complete this part if you are or were previously a member of another superannuation scheme or were contributing to a personal pension.**

What is/was the name of the scheme you were in? \_\_\_\_\_

What is/was the name of your employer? \_\_\_\_\_

What are/were you employed as? \_\_\_\_\_

Where are/were you employed? \_\_\_\_\_

5. If the employment has ceased – on what date did you leave? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

If you did not get a return of contributions when you left that superannuation scheme, it may be possible to transfer your service to the HSC Scheme

6. Do you wish to have a transfer arranged? Yes  No

## Part E

### Authority to Act

If you require HSC Pension Service to communicate with any third party on your behalf, this may include your accountant or/and financial adviser, please complete this section.

Accountancy Firm: \_\_\_\_\_ Financial Adviser Co: \_\_\_\_\_

Accountants Name: \_\_\_\_\_ Financial Adviser Name: \_\_\_\_\_

Tele No: \_\_\_\_\_ Tele No: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### Declaration

By signing this declaration I authorise the above accountancy firm and its' representatives to act on my behalf. I confirm that any changes to this instruction will be forwarded to HSC Pension Service without delay.

I have read the HSC Pension Scheme Guide.

Signature

Date

**To be completed by the Business Services Organisation/Out of Hours Provider**

**Employment Details**

1 Is the applicant  
a. A Principal?  b. An Assistant Practitioner?  c. A Locum Practitioner

If b or c give the name and address of the Principal \_\_\_\_\_  
\_\_\_\_\_

2 a. If a Practitioner give the date they became a Practitioner 

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b. if an Assistant Practitioner give the date employment started 

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c. if a Locum Practitioner give the date employment started 

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3 Is the applicant Medical?  Dental?  Ophthalmic?

**National Insurance and Superannuation details**

**1 In this employment is the applicant:**  
a. an employed earner (Class 1)?   
b. self-employed (Class 2)?

**2 Is the applicant:**  
a. already on the BSO list? Yes  No   
b. employed in another capacity in which superannuation is paid in the HSC Pension Scheme? Yes  No

If "Yes" to a or b please give details here.  

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Signature 

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 Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Official Position 

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 Telephone 

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Now send this form to **HSC Pension Service, Waterside House, 75 Duke Street, Londonderry, BT47 6FP**