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| **SUPERANNUATION DETAILS****FOR ASSISTANT PRACTITIONERS [SALARIED/RETAINEE GPs] 2011/2012**  |

PRACTICE

CODE:

PRACTICE NAME/

ADDRESS STAMP:

|  |
| --- |
| **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** |

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| **ACTUAL****SUPERANNUABLE SALARY FOR YEAR 2011/12 [existing GPs]****PRACTICE EMPLOYMENT ONLY** | **ACTUAL****SUPERANNUABLE SALARY FOR YEAR 2011/12 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** |  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **ACTUAL****SUPERANNUABLE SALARY FOR YEAR 2011/12 [existing GPs]****OUT OF HOURS INCOME** | **ACTUAL****SUPERANNUABLE SALARY FOR YEAR 2011/12 PRO RATA [i.e. GPs who start during the year]** | **CONTRIBUTIONS TO BE PAID FOR YEAR** | **Paid at Source by OOH Provider** **[Yes/No]** |
| **Employee** | **Employer** | **Added years** |
| **£** | **%** | **£** | **%** | **%** |
|  |  |  |  |  |  |  |  |
| **Any Other Information** |  |  |  |  |  |  |  |

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| **Please return to:****HSC Pension Service****75 Duke Street****Londonderry****BT47 6FP****DECLARATION OF EMPLOYER**  |
| **I certify that the information on this form is correct.** |
| **Employer’s signature:** |  |
| **Position in practice:** |  |