

POST AWARD REVISED DETAILS

If the revised remuneration is **LOWER** than previously notified, please complete this form urgently, and highlight that it is a possible **REDUCTION IN BENEFITS** by ticking here:

Use this form to notify HSC Pension Service of a change which affects an award of Age, Incapacity, Premature or Death in Service (DIS) Benefits. If it is a DIS and Widow(er)'s pension is due, also send a revised **AW135**.

1. Full Name: _____ D.O.B: _____ NINO: _____

2. Grade: _____

3. Reason for change in TSR/TPP: _____

4. Original Leaving date: ___/___/___ New Leaving date: ___/___/___

5. New Total Superannuable Remuneration/Total Pensionable Pay (TSR/TPP) (include final 4 years):

For period ending:

: ___/___/___ £ _____.
: ___/___/___ £ _____.
: ___/___/___ £ _____.
: ___/___/___ £ _____.

a) If part-time, give notional Whole-Time Equivalent

For period ending:

: ___/___/___ £ _____.
: ___/___/___ £ _____.
: ___/___/___ £ _____.
: ___/___/___ £ _____.

6. New Annual Grade Rate of Remuneration: £ _____.

7. New Superannuation Contributions for:-

a. Year ending 31/03/20 _____ £ _____.
b. Period ending: ___/___/___ £ _____.

8. New amount of Employee's Contracted-Out National Insurance Earnings

a. Year ending 31/03/20 _____ £ _____.
b. Period ending: ___/___/___ £ _____.

9. Practitioner:

a. Year ending 31/03/20 _____ £ _____.
b. Period ending: ___/___/___ £ _____.

Signature: _____ Date: _____

Position: _____

