

**Individual Protection 2014 Valuation request at 05/04/2014
(Officer - IP2014)**

Not to be used by general medical, dental or ophthalmic practitioners, please use form (GP - IP2014)

Part A – for completion by the memberMember surname Member forenames National Insurance Number Members address Telephone number Email address Payroll reference if known

Please sign and date this form below and forward to your HSC Employer to complete Part B and forward to HSC Pensions.

Member signature _____ Date _____

Part B – for completion by the HSC Employing Authority only

HSC Pension Scheme – Individual Protection 2014 urgent request for pensionable data and pay

The member previously named has asked for a valuation of their pension benefits at 05/04/2014 in order to apply for Individual Protection 2014. Please provide the following information:

1. **Membership details have been updated to 31/03/2014?** Yes No

If the answer to the above is “No” please confirm the following:

Membership from 01/04/2013 – 31/03/2014 is:

whole time
 part time Contract hours/sessions worked

2. **Membership from 01/04/2014 – 05/04/2014 is:**

whole time
 part time Contract hours/sessions worked

3. Pay details

Please confirm the actual pensionable pay in the best of the last 3 years (for 2008 section members please provide the actual pay in the period):

	Year	From			To			Disallowed Days	Amount							
		Day	Mth	Year	Day	Mth	Year		£	p						
(i) Last					0	5	0	4	1	4						
(ii) Middle																
(iii) Earliest																

For ALL part time members please give the NOTIONAL WHOLE TIME pensionable pay for each of the last 3 years, or lesser period if applicable. This figure should be the pensionable pay that **would have** been paid in a single comparable whole time employment.

£				p		

Are the above figures: Confirmed Provisional

If **provisional** is the member intending to retire in the next 4 months? Yes No

If 'Yes' please provide the intended date

4. Details of the person at the Employing Authority requesting this valuation:

Signature

Initials and surname (please PRINT)

Telephone number

EA name and address stamp