

Employing Authority Name and Address

HSC Pension Service
Waterside House
75 Duke Street
Londonderry
BT47 6FP

Date: / /

**Form PRO PAY2- Request to Protect Pensionable Pay
Part 1 (to be completed by Human Resources)**

Member's full name:

Personnel Number

NI Number:

Please tick one box for the type of Protection being requested

Protection of pay (through no fault of the member)	<input type="checkbox"/>
Voluntary Protection of Pay (1995 section only)	<input type="checkbox"/>

I confirm that the member's records have been updated to the current financial year

Are there any changes in employment since the last update? Yes No

From / / To / / Nature of change

From / / To / / Nature of change

Protection of Pay (through no fault of the member)

Please give details of the reason for pay protection
(continue on a separate sheet if necessary and / or provide additional supporting information).

--

Is the reduction in pay through no fault of the member? Yes No

Has the application been made within 3-months of the reduction in pay?
If no, please provide the reason for the delay Yes No

Voluntary Protection of Pay (VPP)

As the employer we have arranged a step down in duties for this member and can confirm the following:

Did the member step down to a less demanding job with less responsibility?

Please provide further details, for example reduction from AFC band 7 to band 6. Yes No

Has the pay reduced by at least 10% for a period of at least one year, beginning with the first pay day on which the reduced pensionable pay was paid?

(For example: if the member's pay reduced on the 15th June and the pay day was the 25th June, the member's pay would have to remain

Yes No

at the reduced rate until 24th June the following year).

Has the pay been subject to any other reduction in the previous 12-months?

Yes No

Note: If the member has concurrent part time employments, or has stepped down between two employers, we will need to obtain the additional pay details.

Once all information has been received, HSC Pension Service will consider the application and write to you with the outcome.

Now complete the following authorisation before forwarding this form to Payroll Shared Service for completion of Part 2 and remember to attach the Pro Pay1 form or enquiry from the member.

I certify that the above is correct.

Authorised Signature

Print Name

Official Position

Date

___/___/___

Part 2 (to be completed by Payroll Shared Services)

Complete if the member is contributing to the 1995 Section
Preservation Date ____/____/____
(provide the Total Superannuable Remuneration (TSR) in all cases)

The 365 days TSR for the best of the last three years up to the date of reduction or mark time is:
Period used: from ____/____/____ to ____/____/____ (account for any disallowed days)

Actual TSR (in all cases) £ Notional Whole Time TSR (if part-time) £

Complete if the member is contributing to the 2008 Section

Preservation Date ____/____/____

The pensionable pay from 1 April to the day before the date of reduction or mark time is:
Period used: from ____/____/____ to ____/____/____ (account for any disallowed days)

Actual pensionable pay (in all cases) £

Notional Whole Time pensionable pay (if part-time) £

Hours worked during this period (if part-time)

I certify that the above is correct.

Authorised Signature	<input type="text"/>
Print Name	<input type="text"/>
Official Position	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>