

# HSC Superannuation Scheme

## Notification of Start of Superannuable Employment

### Dental Practitioner/Dental Assistant Practitioner

Dental Practitioner/Dental Assistant Name

GDS Number

National Insurance Number

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Date of Birth

 / 

Start Date

 / 

Please indicate if the post is:

Principal Dental

Assistant Dental Practitioner

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

#### Part A Personal Details

Title

Dr

Mr

Mrs

Miss

Ms

What is your marital status?

Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Civil Partners	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>

Your present address

Postcode

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

**Part B 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? \_\_\_\_\_

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

Do you wish to have a transfer arranged? Yes  No

**Part C**

**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 : \_\_\_\_\_

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

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

**Member Declaration**

I declare that the information I have given is correct and complete to the best of my knowledge and belief. I hereby agree to notify HSC Pension Service of any changes to the information provided.

By signing this declaration I authorise the above Accountancy Firm/Financial Adviser 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 Dental Payments**

Signature

Date