

GP Practice, Direction Employers & Out of Hours Staff

(J2) Notification of Start of Pensionable Employment

This form must be completed and sent to HSC Pension Service immediately a person starts pensionable employment

To be completed by an authorised officer – not the member.

1. National Insurance Number

2. Date of Birth

3. Has date of birth been verified from birth certificate Tick appropriate box:- Yes No

4. Title

5. Sex

6. Surname

7. Forename

8. Address

Postcode

9. Email

10. Telephone

11. Date Started Current Pensionable Employment

12. Capacity in which employed? (Job Role)

13. Whole-time or part-time? (FT/PT/bank/adhoc)

14. Is this the joiner's only pensionable employment? Y/N
If N, please give details of other employments.
(e.g. Practice No, HSCT, Staff No)

15. If part-time, proportion of whole-time as a fraction. (25.5/37.5 etc)

16. Annual Whole Time Equivalent (WTE) Salary

17. Employer Declaration

I declare that I have issued the member with a copy of the 2015 Scheme Guide.

Sign here _____

Name _____

Official Designation _____

Date _____

Telephone Number _____

E-Mail _____

Stamp: _____

Practice Identifier: _____