



Pensions Services

Payroll Indicative:

NINO:

HSC PENSION SERVICE,
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DERRY/ LONDONDERRY,
BT48 6AT

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🌐 www.hscpensions.hscni.net

✉ hscpensions@hscni.net

**HSC PENSION SERVICE
REQUEST FOR ILLUSTRATION OF PENSION BENEFITS**

Please illustrate benefits ticked below to: / /

Age

Incapacity

Commuted Incapacity

Death

Agreed VER

Actuarially VER

Dependents

Permitted to Earn Figure

1. PERSON DETAILS

Name:

Please indicate who the illustration of benefits should be forwarded to:

Member:

Employer:

FOR USE BY HSC PENSION SERVICE ONLY:

If payment due: - Payment enclosed (for HSC Pension Service Use Only)

- ESTPAY form enclosed (for HSC Pension Service Use Only)

2. EARNINGS DETAILS

A. If a member does not intent to retire in the next 12 months, an estimated TSR/TPP will do*. Please take care not to overestimate.

1995 Section TSR (this should be the whole-time equivalent for part-time staff):

OR

2008 Section TPP:

Year	From (dd/mm/yy)	To (dd/mm/yy)	Amount (£)
1			
2			
3			

*Estimate based on final year TSR for 1995 Section or final 3 year's TSR for 2008 Section.

B. If member is retiring within the next 12 months please provide an accurate / full TSR / TPP below and ensure all membership information is up to date.

1995 Section TSR (this should be the whole-time equivalent for part-time staff):

OR

2008 Section TPP:

Year	From (dd/mm/yy)	To (dd/mm/yy)	Amount (£)
1			
2			
3			
4			
5			

Year	From (dd/mm/yy)	To (dd/mm/yy)	Amount (£)
6			
7			
8			
9			
10			

NB. COMPLETE THE FOLLOWING DETAILS REGARDING ACTUAL PAY ONLY IF THE ESTIMATE RELATES TO DEATH IN SERVICE:

Actual Earnings for Part Time Staff (1995 Section):

OR

2008 Section TPP: (Actual Earnings)

Year	From (dd/mm/yy)	To (dd/mm/yy)	Amount (£)
1			
2			
3			
4			
5			

Year	From (dd/mm/yy)	To (dd/mm/yy)	Amount (£)
6			
7			
8			
9			
10			

C. For 2015 Section Actual Pensionable Pay required from:

1. The 1st April to the 31st March, in the previous financial year:

2. The beginning of the current financial year to date of leaving (1st April to the date of leaving in current financial year).

Leaving Date:

D	D	/	M	M	/	Y	Y	Y	Y
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3. MEMBERSHIP DETAILS

I. Full-time members – Show below any periods of unpaid leave

From	To	Total non-pensionable service

II. Part-time members – Show the part-time hours worked since the last annual update

From	To	Hours worked	Standard Hours

Signed:
(Payroll Office)

Date:

Telephone Number: _____

EA
Stamp:

Please return this form to:
hscpensions@hscni.net