

## **2011/12 CERTIFICATE GUIDANCE & COMPLETION NOTES**

### **INTRODUCTION**

These notes relate to the main Certificate that must be completed by a GP Provider (medical Practitioner) or non-GP Provider (WT Officer) who is a partner or a single-hander. A separate Certificate must be completed where a Provider is a shareholder in a limited company. The 'Limited Company Certificate' has its own separate guidance and completion notes plus a 'FAQ'.

A GP who is/was an Assistant Medical Practitioner (i.e. salaried GPs, Practice based long-term fee based GP, or career OOH/GPwSI GP) must, in law, also complete the Assistant Practitioner self-assessment form. This is to ensure they have paid contributions at the correct tiered rate on all their HSC GP pensionable pay.

Where the same GP Provider receives income from more than one GMS/PMS/APMS/ contract a separate Certificate is required for each. The Ltd Co Certificate must be used where such an entity holds the contract.

### **NOTES**

#### **Box A**

Write your full name; do not use initials. If your surname has changed in 2011/12 please also provide your previous surname.

#### **Box B**

Specify the type of contract this Certificate relates to as in some cases a Provider may hold more than one contract to provide medical services.

#### **Box C**

Enter your national insurance number or individual HSC Pension Scheme reference number; this is often known as your 'SB' number and begins with SB followed by two digits representing your year of birth (i.e. 1957 is 57) then four further digits.

#### **Box D**

Your GP Practice reference number is the unique reference number allocated to you by your Trust/Board; if not known please state 'not known'. The HSCPS Employing Authority code is a letter followed by three digits; i.e. E123. Your Practice/Payroll Manager should know this code, however if not known please state 'not known'.

#### **Box E**

In respect of a GP Provider the host Trust/Board is the commissioning Trust/Board and therefore may be different to the 'listing' Trust/Board especially where a GP is a Provider in more than one Practice.

In respect of a non-GP Provider the host Trust/Board is the commissioning Trust/Board.

Where changes of Practice/Centre and/or Trust/Board occur, there will be implications for your Certificate and you may need to complete more than one Certificate as described below.

Follow these instructions to determine how many Certificates you are required to complete:

- a) Change of Practice, but remain within the same Trust/Board.

In this situation, two Certificates will be required and the reference in Box D will be different on each. Where personal expenses and capital allowances have been incurred, and separate statements of these have not been prepared for the respective periods, it is acceptable to pro-rata these and include them on the relevant Certificate. Should there be private fee income assessed on self employment pages of the tax return that have not been split according to corresponding

dates relating to the change in Practice, it is also acceptable to pro-rate these fees to include them in the relevant Certificate.

b) Change of Practice, also with a change of Trust/Board.

In this situation, two Certificates will be required and the references in Boxes D and E will be different on each. Where personal expenses and capital allowances have been incurred, and separate statements of these have not been prepared for the respective periods, it is acceptable to pro-rata these and include them on the relevant Certificate for that period. Should there be private fee income assessed on self employed pages of the tax return that have not been split according to corresponding dates relating to the change in Practice, it is also acceptable to pro-rate these fees to include them in the relevant Certificate.

The host Trusts/Boards in this instance are the commissioning (or listing) Trusts/Boards either before the change in Practice or at the 'year end', dependent upon which Certificate is being completed.

c) Change of Trust/Board (i.e. due to a merger), but remain with the same Practice.

In this situation, one Certificate only should be completed, with the entry at box E relating to the commissioning Trust/Board at the end of the relevant year (i.e. 31 March 2012).

#### Box F

The appropriate 'year end' will be that which falls into the tax year 2011/12 (the year ended 5 April 2012), for instance 30 June 2011, 31 October 2011, 28 February 2012, 31 March 2012 etc, and forms the basis for the entries to the 2011/12 tax returns. Further information regarding accounting dates may be found at other points in these notes, together with the separate notes regarding overlap pension.

#### Box G

The year ends for Practice and other private fee work may differ. This should not affect the Certificate. Each 'year end' relating to the tax year (refer to Box H below) is taken to reflect income for the pension year.

#### Box H

Where you have commenced as a partner or as a single-hander in 2011/12 you should enter the date here and follow the Overlap Pension notes on how to pension your early years income.

#### Box I

Where you have retired from a Practice in 2011/12, including '24 hour retirement', you should enter the date here and consult the Overlap Pension notes to determine whether a deduction needs to be made to cessation in membership. Use Box 89 to confirm the type of retirement (full or 24) that you are taking.

You should also enter here the date you have left the Practice of which you were a partner/single-hander, but have not taken your pension benefits. This may happen, for instance, where you have moved to another Practice or taken up a permanent salaried position elsewhere. Again, please use Box 89 to explain the circumstances of your leaving.

#### Box J

Prior to 1 April 2008 members who first joined the HSCPS on or after the 1 June 1989 were subject to the pensionable earnings cap; i.e. the member could only 'pension' HSC income up to a prescribed limit. If a member joined before 1 June 1989 but had a break in pensionable employment of more than a year after 1 June 1989 they were also subject to the cap. With effect from 1 April 2008 the earnings cap has been removed and mainline employer and tiered employee contributions are based upon full HSC pensionable pay.

**EXCEPTION – if a HSCPS member who was subject to the cap is buying Added Years under an agreement that started before 1 April 2008, those Added Years remain subject to the cap. Contributions in respect of the Added Years are still limited to a cap of £129,600.00 for 2011/12.**

**Any added years agreements starting on or after 1 April 2008 are NOT subject to the earnings cap and are payable on the full actual HSC pensionable pay, as will be the employer and tiered employee contributions. Do NOT enter "YES" in box I if this is the case.**

Please refer to the completion notes for Box 38a when considering the application on the cap.

#### Box K

**NOTE YOUR 2011/12 PARTNERSHIP (WHERE APPLICABLE) AND PERSONAL TAX RETURNS WILL NEED TO HAVE BEEN COMPLETED TO ENABLE YOU TO MAKE THE ENTRIES ON YOUR 2011/12 CERTIFICATE OF PENSIONABLE PAY.**

**OCCASIONALLY, PARTICULARLY IN THE FIRST YEAR OF PRACTICE OR SELF-EMPLOYMENT, PROVISIONAL FIGURES MAY BE USED IN YOUR TAX RETURN WHERE THE CORRECT DETAILS ARE NOT YET KNOWN. THE ENTRIES ON THE CERTIFICATE SHOULD STILL FOLLOW THOSE PROVISIONAL FIGURES.**

**IN THE SAME MANNER AS THE TAX RETURN, AN AMENDMENT WILL NEED TO BE MADE TO THE CERTIFICATE WHEN THE ACTUAL DATA IS AVAILABLE, EVEN THOUGH THIS IS AFTER THE SUBMISSION DEADLINE.**

#### Box 1

The figure in Box 1 should be your share of total medical related income derived from the appropriate partnership accounts, allowing for any prior allocation of income that may occur, for instance in respect of property, seniority, medical examination fees, appraisals etc.

This includes HSC income, private income and reimbursements, together with private fee income and locum income paid into the Practice, but excludes bank interest received and any non-taxable income such as PAYE, 'internet filing incentives', and some legacies, bequests and donations. Single-handed Providers should enter 'nil'.

Where HSC superannuable fee based income (i.e. OOHs) earned under a contract for services (i.e. **NOT** income from a salaried position) has been paid into the Practice (i.e. pooled), the amount paid is deemed to include employer and employee contributions. The amount to include on Box 1 should be the gross amount payable, including all employer and employee contributions. It should be noted that this 'pooled' income is not GP SOLO income. GP SOLO income is income from a HSC pensionable source (where contributions have already been deducted) that the GP does not wish to 'pool'.

#### **TREATMENT OF POOLED SALARIES FOR ACCOUNTING PURPOSES:**

Where a GP holds an office of employment, it is strictly taxable as employed income. However, this can lead to practical difficulties in GP partnerships, where such income is frequently pooled and shared between the partners.

It is possible, however, to have such income treated as the receipt of professional fees and taxable as self-employed/partnership income. See HM Revenue and Customs' Employment Income Manual (reference EIM03000 to EIM03004) for further details.

Where this concession is utilised, and the salary is not grossed up in the accounts for employer superannuation, GPs should be aware that they may not be pensioning sufficient earnings.

Further, where salaried fees are paid into the Practice and pooled between the partners, even where the position is deducted for tax purposes and taxed as employed income, it should be noted that there may be anomalies between the pensionable pay of the partners and the taxable pay of the partners.

Care may therefore need to be taken when preparing accounts, tax calculations, and superannuation calculations to prevent problems.

Where a GP Provider also performs pensionable salaried Officer work (i.e. clinical assistant), they may opt out of pensioning this Officer work whilst remaining a Practitioner HSCPS member. **HOWEVER** they cannot pension that 'opted out' Officer income' by a 'back door route' through the Certificate.

#### Box 2

Box 2 is for single-handers to declare their GMS, PMS, APMS, and SPMS income, private income and reimbursements (excluding bank interest received and any non-taxable items such as PAYE internet filing incentives and some legacies, bequests and donations) and income of those GPs who have private fees that are not fed into the partnership tax return but which is reported separately on the self employment pages of the personal return. This Box will include GP SOLO income on a fee paid basis (i.e. not as an employed position) and locum income.

If you are a partner in Practice with private fee income that is fed into the partnership tax return, and not reported on self employment pages of your personal return, there should be no entry in this box as the income will be included in Box 1 above.

### Box 3

Box 3 must include all salaried income where the GP would receive a P60. This includes salaried employment income (i.e. clinical assistant, community medical officer, salaried GP, and Bed Fund posts) paid under PAYE, regardless of whether tax or national insurance has been deducted. Also include income that is recorded in Box C of the GP form SOLO where the Trust/ Board/OOHP has paid it under PAYE; this sometimes happens in respect of PEC earnings.

Where you receive a P60 in respect of a salaried position, but that income is pooled in the partnership for profit sharing, you should **NOT** include this income here UNLESS you have followed the statutory method of taxing employed income described in the notes to Box 1 above. Where you are including such pooled salaried appointments here, it is the entry per the tax return Box 1 that is required, i.e. not including the employer contribution deducted along with the income from Box 1 above.

Do NOT include a salary received from a limited company that holds a GMS, PMS, SPMS, or APMS contract. The pensioning of such salaries will be dealt with through the separate Certificate for limited companies.

### Box 4

Box 4 must include any ad-hoc private work (i.e. university or medical school) and any fee based HSC work that was not salaried and is not included in Boxes 1,2 or 3 above. This may include income before a deduction for expenses reported at Box 16 of page TR3 of your main tax return.

Do NOT include pensionable income derived from a limited company. A GP Provider's salary and dividend income from such a source may be pensionable, but the specific Certificate for such income should be used to determine the pensionable pay applicable.

### Box 5

Box 5 is the income stated in Boxes 1, 2, 3, or 4 which has already been 'pensioned'. This is likely to be HSC income from GP Locum work (the **full** amount before 10% reduction for notional expenses) and **pensionable** income from salaried HSC work (i.e. Clinical Assistant, Hospital Practitioner, CMO, Salaried GP and Bed Fund posts). This will also include any salaried income pensioned through the University Superannuation Scheme.

Fee based (self-employed) income that has had superannuation paid upon it and recorded on the GP SOLO form should NOT be included in Box 5. (**Solely** for the purpose of the Certificate this income is not regarded as being 'pensioned separately').

Note that this Box only includes income included in Boxes 2, 3 and 4 that has been pensioned separately. No entry should be made in this Box in respect of salaried appointments that have been pooled in the Practice and allocated in profit share. Where, however, statutory tax treatment of the salaried position has been followed, you will be required to enter here the amount included in Box 3 that relates to pooled income.

### Box 6

Box 6 is the total HSC and non-HSC income, which has not already been 'pensioned' elsewhere, for the purposes of this Certificate.

### Box 7

The figure in Box 7 should be your share of income from whatever sources included in the Practice accounts that is non-HSC income; e.g. clinical trials, insurance medicals, DWP medicals, private patients, police work, medical school and university income paid direct from the school/university, medico legal reports, etc.

Box 7 will also include external locum income (i.e. not performed for other members of your own Practice) not previously pensioned.

#### Box 8

The figure in Box 8 should be the non-HSC income reported through your self employment pages; clinical trials, insurance medicals, DWP medicals, private patients, police work, medical school income paid direct from the school, medico legal reports, etc.

Box 8 will also include locum income not previously pensioned.

For income from an Out of Hours Provider to be pensionable, the OOHP needs to be a HSCPS Employing Authority. A list of OOHPs that are Employing Authorities can be found in the 'FAQs' located on HSC Pensions website in the 'GP Forms' section. Please refer to this to determine if OOHs income is pensionable.

#### Box 9

This figure should be the non-HSC income reported on the employment pages of your tax return.

#### Box 10

Box 10 must include any non-HSC ad-hoc private fee work and fee based medical related work that was not salaried and is not included in Boxes 7, 8 or 9 above. This may include income reported at Box 16 of page TR3 of your main tax return.

#### Box 11

It will be rare to have an entry here, as there are few types of non-HSC income that will already be pensioned separately. One example, however, would be university income received direct and already pensioned through the University Superannuation Scheme.

#### Box 12

Box 12 is your total non-HSC income that has not already been pensioned.

#### Box 13

Provides the ratio to determine the percentage of expenses attributable to non-HSC income under the standard and alternative methods of calculation. See notes to Boxes 39 to 45 and 89.

#### Box 14

Box 14 must state your share of **all** of the Practice partnership expenses derived from the Practice accounts, e.g. staff salaries, administrative expenses, drugs etc. Exclude expenses that are non-allowable for tax purposes; e.g. depreciation, entertaining, etc. Capital allowances claimed on Practice assets such as computers equipment and furniture should be included.

Where any personal expenses and capital allowances have been incurred and these are fed through the partnership tax return for tax reporting purposes, they should be included in Box 14 after adjustment for private use.

#### Box 15

This will include a single-hander's total expenses, adjusted for tax purposes.

For GPs in partnership, Box 15 will also include the tax adjusted personal expenses and capital allowances that are not set against profits in the partnership tax return, but set against private fee income declared on the self employment pages of the personal return.

#### Box 16

Box 16 will include the tax relievable expenses entered on the employment pages in respect of employment income earned concurrently to earnings. Expenses set against employment income earned prior to commencing or after ceasing as a Provider should **NOT** be included.

#### Box 17

Includes tax relievable expenses included, or set against income declared, elsewhere on your tax return; e.g. at Box 17 of page TR3 of your main tax return.

#### Box 18

Box 18 is interest payable on your share of a loan for professional purposes not already declared in Boxes 14 to 17, and will usually reflect the entry made at Box 5 under 'Other tax reliefs' on page 2 of the additional information pages of your tax return.

#### Box 19

These are your total expenses incurred in respect of **all** your income for the purposes of this Certificate.

#### Box 20

Will reflect taxable Practice partnership income (Box 1 less Box 14) and should correspond to Box 7 of your partnership pages of your tax return.

#### Box 21

Will reflect taxable single-hander or private fee based self employed income (Box 2 less Box 15) and should correspond to Box 30 of the self employed (short) pages or Box 63 of the self employment (full) pages of your tax return.

#### Box 22

Will be your taxable employment income (Box 3 less Box 16) and will reflect Box 1 less the total of boxes 17, 18, 19 and 20 from your tax return.

#### Box 23

Will be your taxable medical related income declared elsewhere on your tax return.

#### Box 24

Is the total of Boxes 20 to 23.

#### Box 25

See comments re Box 18.

#### Box 26

Will include the total of income pensioned separately in Box 24, including salaried appointments (net of expenses) from Box 22 where superannuation has been deducted at source and also taxable locum income included in Boxes 20 and 21 upon which superannuation has been paid.

Income where contributions have been deducted and reported on GP SOLO forms should **NOT** be included in Box 26; for the purposes of calculating pensionable income this is not considered to be income 'pensioned separately'.

By contrast to the comments regarding the entry to Box 5, where salaried appointments are pooled in a partnership and shared in profit share, and the concessionary treatment of pooled salaries has been

used to tax this income under Schedule DII, the amount to be deducted here will be the gross amount of the P60 in your name (inclusive of the employee and Added Years contributions deducted at source together with the employer contributions where the accounts have grossed up for this element) and not your share of the pooled salaried income.

Where the statutory method has been used and the salaried income is deducted from Box 1 and reported at Box 3, the amount to be included here will be that in Box 22.

Salaried positions are generally pensioned outside the scope of the Certificate. Should an equivalent amount not be deducted here the overall superannuable income would be overstated. It can therefore be seen that Box 26 will not always equate to Box 5.

Similarly, GP locum income pensioned on forms A and B attracts some different benefits (for instance life cover) and cannot be considered part of mainstream Practitioner pensionable pay. Such income is therefore deemed as pensioned separately.

#### Box 27

The figure to be stated in Box 27 is the figure in Box 12.

#### Box 28

Box 28 is a 'mop up' box and should include any HSC 'ad hoc' income (inclusive of employer contributions) not already declared on this Certificate and not already 'pensioned elsewhere'.

#### Box 29

See the notes in respect of Boxes 39 to 45, and 89.

#### Box 30

See the notes in respect of Boxes 39 to 45, and 89.

#### Box 31

Box 31 is the pensionable pay **prior** to apportionment that strips out employer contributions according to HMRC guidance.

#### Box 32

Box 32 is the total of all income, from whatever source, declared in Box C of the GP SOLO forms for the accounting year that falls in 2011/12. It should be noted that HSC pensionable fee based income that is paid directly into the Practice (i.e. 'pooled') is not GP SOLO income. Where 'pooling' occurs, the amount paid to the Practice will be the gross fee plus the employer contributions.

GP SOLO income relates to HSC fee based income (i.e. OOHs) paid directly to the individual GP Provider or indirectly paid through the payroll (i.e. PEC positions) where employee contributions have been deducted and reported on the GP SOLO form and the relevant Employing Authority has paid the employer contributions.

#### Box 33

Is the total pensionable 'apportionable income' excluding the SOLO income.

#### Box 34

Is your Practice profits after employer contributions have been 'stripped out.'

#### Boxes 35, 35a, 35b and 35c

The entries here will reflect the pension overlap (derived from all Practice and SOLO income) deductible due to changes in accounting dates, cessation or retirement. You should refer to the pensions overlap guidance for examples and more information, including guidance on ('24 hour')

retirement and leaving a Practice. If in doubt about retirement rules for GPs, email 'GPCertificates@hscni.net'.

#### Box 36

This is your individual GMS, PMS, APMS, or SPMS Practice profits (excluding employer contributions) after adjustment for pension overlap. Copy this figure to Box 46.

#### Box 37

This is the figure from Box 32; i.e. the figure for pensioned SOLO income, for the accounting year falling in the tax year, upon which contributions have been paid. Copy this figure to Box 47.

#### Box 38

This is your total HSC pensionable profits (including SOLO income), prior to any potential 'capping' that may apply for Added Years purposes.

#### Box 38a

Seniority payments have to be separately identifiable in the Certificate in accordance with the Statement of Financial Entitlements, mainly for the purposes of the calculation of Average Adjusted Superannuable Income.

The figure in this box should be the amount of seniority allocated to you as per the Practice accounts. No adjustment should be made for employer superannuation contributions. It is appreciated that a provisional figure is used for seniority. Where interim profit figures have been issued by the Department of Health, there is not always certainty, around these profit margins, about whether to include a reduced seniority figure in the accounts. The key is that, whatever you are allocated in the accounts, is what you enter in box 38a.

The Department of Health have confirmed what constitutes superannuable income for seniority purposes for 2011/12. This includes mainstream GP income from GMS, PMS, APMS practice, out of hours, GP with Special Interest income, PEC positions, CCG income etc. Specifically excluded, however, are income from honorary board posts, salaried clinical positions (other than bed fund posts) and salaried community medical officer posts.

#### Box 38b

This Box should be excluded income not already removed from pensionable pay at box 26.

The purpose of box 38b is to identify any amounts that the PCT may have to deduct from the pensionable pay declared at box 38 that is not relevant for pensionable pay for seniority purposes that has not already been deducted from it previously in the calculation.

#### Box 38c

Also see notes to Box K. Only enter a figure in this box if you are capped JUST for Added Years purposes. From 1 April 2008 a cap does not apply to mainstream (i.e. GMS/PMS) pensionable pay.

The figure in this Box would normally be the earnings cap relevant to added years contracts for 2011/12 (£129,600).

Apply caution when entering a figure here where you also have income pensioned separately (i.e. salaried appointments or GP locum income or pensionable income derived from a limited company) or GP SOLO income from Box 37, as the correct amount may not be the full value of the cap as an amount of the cap may be allocated against these other sources. .

**Where the cap applies to your added years contract, your total HSC pensionable income from all HSC sources in the year ending 31 March 2012 cannot exceed £129,600.**

HSC Pensions cannot advise on the application of the cap to any particular source of HSC added years pensionable income. Generally speaking, however, salaried income (i.e. Clinical Assistant etc) will have been pensioned at the full amount, reducing the scope of Practitioner added years pensionable income; i.e. reducing the figure to one below £129,600. An allocation of the capped added years amount may also need to be made between OOH income and main practice income in



situations where the collection of shortfalls of contributions is split between the two. Again, HSC Pensions cannot advise on the priority of the application of the cap. Professional assistance should be sought where it is required, bearing in mind other possible HSC pensionable income.

#### Box 39

Non-HSC expenses are calculated using the standard method where:

- Non-HSC income (Box 12) is less than 10% of total income (Box 6), **and**
- Non-HSC income (Box 12) is less than £25,000.00

The standard method apportions the total expenses from Box 19 in relation to the ratio of non-HSC income to total income (Box 12 over Box 6).

#### Boxes 40 to 45

Even though the conditions at note 39 above are met, it is not imperative that the standard method is used. The alternative method may be used, providing explanation and justification is given at Box 89.

Where the standard method described is not used, then the alternative method should be used. If this is the case, tick Box 30 and use your knowledge of your affairs to extract expenses wholly attributable to HSC and non-HSC work following the process in these Boxes. After extracting such expenses, whatever remains may be apportioned according to the ratio at Box 13.

Where both the standard and alternative methods of allocating expenses does not provide a fair conclusion, you must use your own method of allocating expenses and clearly explain the reasons and methodology at Box 89.

#### Boxes 46 to 54

Employee contributions in 2011/12 may be 5%, 6.5%, 7.5% or 8.5%.

The purpose of these boxes is purely to determine the employee tier rate that is to apply to practitioner pensionable pay for 2011/12 and which appears in Boxes 59 and 76.

GP Providers: the rate payable in 2011/12 will be determined by the GP Provider's aggregated pensionable income for year 2011/12. The aggregate of pensionable income includes:

- Principal Practitioner certified profits
- Assistant Practitioner income
- Pensionable GP Locum (Practitioner) income (i.e. 90% of the gross)
- OOHs posts
- PEC posts
- Salaried Bed Fund posts, which are treated as practitioner positions
- Pensionable pay from Limited Company Certificate of Pensionable Profits

Income from PAYE salaried Officer (i.e. clinical assistant/hospital) posts should be excluded from the aggregation above and should be allocated a contribution tier separately according to the rules governing Officers in 2011/12 within the scheme. Salaried Bed Fund posts are, however, considered to be practitioner positions and should be included.

#### **IMPORTANT NOTE REGARDING GP LOCUM WORK AND EMPLOYED PRACTITIONER POSTS:**

Where, as a result of the above, it transpires that, following aggregation and allocation to a tier, the incorrect percentage of employee contribution has been paid on 2011/12 GP Locum income through forms A & B, salaried practitioner or Bed Fund posts, the GP must contact the Trust/Board to make good locally any arrears/apply for a refund. Any arrears/refund in respect of such contributions are ring-fenced and outside the scope of this Certificate. Please refer to the notes on GP Locum form B for further information.

GP SOLO income is not, for the purposes of this Certificate, considered as income pensioned separately, although its' pensioned amount is split out at Box 37. Under or overpayments in respect of SOLO are therefore dealt with through the Employing Authority itself, i.e. the PCT for PEC positions or the OOH for Out of Hours work.

Non-GP Providers: By virtue that a non-GP Provider can only 'pension' income from one selected Practice, determining their tiered rates should be relatively straightforward.

#### Boxes 55 to 58 (and Boxes 72 to 75)

These Boxes state the percentages at which the varying classes of contribution are paid.

#### **Tiered employee contributions:**

Please see the notes for Boxes 46 to 54 regarding the calculation of the appropriate tier.

#### **Added Years, Money Purchase AVCs and Additional Pension arrangements:**

The percentages or amounts payable for each of these arrangements will be dependent upon your own circumstances.

##### **Added Years**

No new added years contracts should have been commenced after 31 March 2009. Where an Added Years contract ends in 2011/12, an apportioned percentage for the days to the end of the contract should be calculated. Remember the special rules if the cap applies to the added years contract. If in doubt, contact 'GPCertificates@hscni.net'.

##### **Money Purchase AVCs**

The figure in box 57 (and 74) is your provisional HSCPS Money Purchase AVCs if you have a HSC Money Purchase AVC contract with the Prudential, Standard Life, or Equitable Life. This is generally based on a percentage of your pensionable pay, however it can be a fixed amount. Where it is a fixed amount, the annual amount should be entered in box 57a (74a) rather than box 57 (74). The amount in box 57a (74a) should then be copied into box 61 (78).

Do not enter details in respect of any Free Standing AVC's.

##### **Additional Pension purchase**

From 1 April 2008 a new Additional Pension (AP) purchase was introduced whereby members can buy blocks of AP in multiples of £250 up to a maximum of, currently, £5,000. Where an AP contract started in 2011/12, it will be necessary to enter the contributions due in Box 57b (74b) for the period from commencement to 31 March 2012. Contributions for AP are payable either by a single lump sum or regular monthly payments. Where the chosen method is a single lump sum, the amount due should be entered in Box 57b (74b). Where the chosen method is by regular monthly contributions, the amount to be entered in Box 57b (74b) is the monthly contribution quoted multiplied by the number of whole months the contract has run from inception to 31 March 2012. As monthly payments are fixed (subject to future review and adjustment), no apportionment should occur as happens with added years.

#### **Employer contributions**

Employer contributions are 14% for 2011/12.

#### Boxes 59 to 62 (and Boxes 76 to 79)

Are the contributions due for the year, arrived at by multiplying the pensionable pay figure from Box 36 (or 37 for SOLO income) to the relevant percentage figure from Boxes 55 to 58 (76 to 79).

Please see comments re Box 38c regarding added years.

Where you have a HSC Money Purchase AVC paid as a fixed amount, the figure in Box 61 (78) will match that in Box 57a (74a).

Where you have an Additional Pension contract, the figure in Box 61 (78) will match that in Box 57b (74b).

Where you have a combination of arrangements (i.e. MPAVC + AP) the amount at Box 61 (78) will reflect the total amount.

#### Boxes 63 to 66

These Boxes must state the Practice based contributions already paid that relate to 2011/12 (i.e. not including payments made in respect of a previous year).

These figures should include payments already made to your host Trust/Board or deducted from your global sum or contract price payment 'on account' throughout the year by the Trust/Board.

There is no link of these boxes to any payments relevant for tax relief purposes. The entries in these Boxes will relate to those contributions made in respect of 2011/12 that were paid or deducted by the Trust/Board before this Certificate is submitted.

#### Boxes 67 to 70

Are the final payable (or refundable) Practice contributions for 2011/12 after taking account of contributions that have already been paid. For example, the contributions shown in Box 67 are calculated by deducting the amount in Boxes 63 from the amount shown in Box 59.

#### Box 71

Is the total of the practice contributions declared in Boxes 67 to 70. If the Provider has underpaid contributions, the arrears of contributions must be paid immediately. If the Provider has overpaid contributions, they must be repaid (by the Trust/Board) straightaway.

#### Boxes 72 to 79

Use a similar approach as for Boxes 55 to 62, but focusing solely on the SOLO income.

#### Boxes 80 to 83

These figures should include payments made to or deducted on your behalf by HSC Pension Scheme Employing Authorities in respect of GP SOLO income, and includes a credit for employer contributions deemed to have been paid by that Employing Authority.

The entries will reflect the totals from Boxes D, E and F of all your GP SOLO forms relating to income for the year ended 31 March 2012, even where the income assessed as pensionable is for an accounting year other than the pension year.

#### Boxes 84 to 87

Are the final payable (or refundable) GP SOLO contributions for 2011/12 after taking account of the contributions that have already been paid. For example, the contributions shown in Box 84 are calculated by deducting the amount in Box 80 from the amount in Box 76.

#### Box 88

Is the total of the GP SOLO contributions declared in Boxes 84 to 87. If the GP Provider has underpaid contributions, the arrears of contributions must be paid immediately via the Employing Authority concerned; i.e. the Out of Hours Provider (OOHP) for OOH work. If the Provider has overpaid contributions, they must be reimbursed via the Employing Authority (i.e. the OOHP) straightaway.

#### Box 89

You should include here any explanatory information or points that will assist the Trust/Board in processing your Certificate.

This will include justifications for use of the alternative method of calculating non-HSC expenses entered at Box 29 even where the conditions for use of the standard method described above (points re Box 39) are met.

This Box will also include explanations and calculations when using your own method of calculating non-HSC expenses, for instances in years of exceptionally large expenditure or capital allowances or where anomalous results are found when using the standard or alternative methods.

You should also use this Box to provide details of leaving, full retirement, 24 hour retirement, use of the Certificate for seniority purposes, apportionment for added years etc.

#### Pages 6 & 7

GP Providers must 'pension' all their Practitioner (GP) HSC pensionable income.

Where a GP Provider has performed SOLO work (i.e. OOHs) the SOLO employer should have deducted employee contributions at the correct tiered rate taking account of the GP Provider's **global** Practitioner pensionable income. Where the correct tiered rate has been applied the GP Provider should enter 'Yes' in Box B as though (hypothetically) they will make their own separate arrangements with the SOLO 'employer' (i.e. OOH). This is to ensure that the correct rate of SOLO tiered contributions are not paid twice.

Where a GP Provider has performed SOLO work and the SOLO 'employer' has **not** collected tiered employee contributions at the correct global tiered rate (i.e. they applied a 6.5% rate and it should have been 7.5%) the GP Provider should enter 'Yes' in the Box B and arrange to pay the arrears of SOLO tiered contribution directly to the relevant SOLO 'employer'. The GP Provider must ensure that their SOLO income is apportioned to each relevant 'SOLO employer' and send a copy of page 7 for each SOLO employment to HSC Pensions.

However, HSC Pensions recognises that in some circumstances it is impractical for arrears of SOLO tiered contributions to be collected by relevant the SOLO 'employer'. Therefore, in these circumstances, the GP Provider may pay the arrears through the Certificate. In this case they should enter 'Yes' in Box A. The GP Provider must inform the 'SOLO employer' that they have taken upon themselves to pay the arrears.

The above does not apply to non-GP Providers who cannot 'pension' SOLO income.