*1 2*

**Practice Name/ Practice Code:**

**Address Stamp:**

|  |
| --- |
| **DETAILS OF ASSISTANT/RETAINEE PRACTITIONER** |
| *3* Name of Practitioner *(in full)* : |  |
| *4* National Insurance Number: |
| *5* Cypher Number: |  |
| *6* Start Date: |  |
| *7* Termination Date: |  |
| *8* Salaried/Retainee *(please specify)* : |  |
| 9Estimated Superannuation Salary for Year 2020/21 **(Existing GPs)** | 10Estimated Superannuation Salary for Year 2020/21 Pro Rata– Annualise\* **(GPs starting of leaving in year)** | Contributions to be Paid for Year 2020/21 |
| Employee | Employer | Added Years |
| *11*£ | *12*% | *13*£ | *14*%**(22.5%)** | *15*£ | *16*% |
|  |  |  |  |  |  |  |  |
| ***\*CARE 2015 membership : From 1 April 2015 the pay that is used to set the contribution tiered rate for GP (and non-GP) Providers who starts after the 1st of April or leaves before the 31st of March is annualised. For example a GP who starts at a surgery on 01/06/2020, joining the scheme for the first time and earns£70,000.00 up to 31/03/2021 will be subject to the 13.5% rate. (£70,000.00 divided by 304 days x 365 days = notional pay of £84,046.05).*** |
| **DECLARATION OF EMPLOYER** |
| *I certify that the information on this form is correct* |
| *17* Print Name: |  |
| *18* Position in Practice: |  |
| *19* Signature: |  |