SUPERANNUATION DETAILS FOR ASSISTANT PRACTITIONERS [SALARIED/RETAINEE GPs] 2019/20					
PRACTICE NAME/ ADDRESS STAMP:	PRACTICE CODE:				

DETAILS OF ASSISTANT/RETAINEE PRACTITIONER						
SURNAME						
FORENAME[S]						
NATIONAL INSURANCE NUMBER						
CYPHER NUMBER						
START DATE						
TERMINATION DATE						
Did GP join practice as Principal on termination of Salaried position?	Yes/No					

<u>ACTUAL</u> SUPERANNUABLE	ACTUAL SUPERANNUABLE	CONTRIBUTIONS TO BE PAID FOR YEAR				ARY FOR YEAR Employee Employer		
SALARY FOR YEAR	SALARY FOR YEAR	Employee			Addedy			
2019/20 2019/20 (GPs [existing GPs] whostart or endin year) PRACTICE EMPLOYMENT ONLY		£	%	£	%	%		
					16.3% (HSCNI will complete a reconciliation and advise of shortfall to take account of 22.5% following year end submission of SR2			
Any Other Information								

## At year end all Assistant GPs should complete a Self-Assessment of Contribution Tier available at:

http://www.hscpensions.hscni.net/practitioners-2/

DECLARATION OF EMPLOYER						
I certify that the information on this form is correct.						
Employer's signature:						
Position in practice:						

Please return to:
HSC Pension Service
75 Duke Street
Londonderry
BT47 6FP

Or email: <a href="mailto:GPcertificates@hscni.net">GPcertificates@hscni.net</a>