\*You will be aware that following a Consultation from The Department of Health HSC Pension Scheme Employers contributions rate has been increased to 22.5% from 1st April 2019.  Employee rates remain unchanged for 2019/20.

***HSC Pension Service is aware that some practices may not yet be in receipt of funding for this increase and therefore we will continue to deduct from April 2019 - 16.3%. This will be reviewed on receipt of further information.***

**I realise that some practices may have provision to cover the increase in the contribution rate from April, but in order for HSC Pension Service to facilitate all practices, we are unable to deduct different rates of employer contributions for different practices.**

**I understand that this is not an ideal situation and I ask for your patience whilst the team process all deductions for the April payment run.**

*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 2019/20 (Existing GPs) | 10Estimated Superannuation Salary for Year 2019/20 Pro Rata– Annualise\* | Contributions to be Paid for Year 2019/20 |
| Employee | Employer | Added Years |
| *11*£ | *12*% | *13*£ | *14*% | *15*£ | *16*% |
|  |  |  |  |  | \*Liability22.5%\*Funded16.3% |  |  |
| ***\*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 01/06/2019, joining the scheme for the first time and earns£70,000.00 up to 31/03/2020 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: |  |