SUPERANNUATION DETAILS FOR ASSISTANT PRACTITIONERS [SALARIED/RETAINEE GPs] 2021/22						
PRACTICE NAME/ ADDRESS STAMP:		PRACTICE CODE:				

DETAILS OF ASSISTANT/RETAINEE PRACTITIONER				
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 SALARY FOR YEAR 2021/22 (GPs whostart or endin year)	CONTRIBUTIONSTOBEPAIDFORYEAR					
SALARY FOR YEAR 2021/22 [existing GPs] PRACTICE EMPLOYMENT ONLY		Employee		Employer		Addedyears	
		£	%	£	%	%	
					22.5%		
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/

DECLARATIONOFEMPLOYER					
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>