**Practice Name/ Practice Code:**

**Address Stamp:**

|  |
| --- |
| **DETAILS OF ASSISTANT/RETAINEE PRACTITIONER** |
| Name of Practitioner *(in full)* : |  |
| National Insurance Number: |
| Cypher Number: |  |
| Start Date: |  |
| Termination Date: |  |
| Salaried/Retainee *(please specify)* : |  |
| Estimated Superannuation Salary for Year 2022/23 **(Existing GPs)** | Estimated Superannuation Salary for Year 2022/23 Pro Rata– Annualise\* **(GPs starting or leaving in year)** | Contributions to be Paid for Year 2022/23 |
| Employee | Employer | Added Years |
| £ | % | £ | %**(22.5%)** | £ | % |
| \*\* |  |  |  |  |  |  |  |
| ***\*CARE 2015 membership : From 1 April 2022 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 01/06/2022, joining the scheme for the first time and earns£70,000.00 up to 31/03/2023 will be subject to the 13.5% rate. (£70,000.00 divided by 304 days x 365 days = notional pay of £84,046.05).******\*\* Please check with your salaried GP if they have any other practitioner employments - the tier for their salaried post should reflect the tier when all of their practitioner employments have been aggregated. (ie if a Salaried GP also works as a Locum GP in another Practice, or with an OOH provider – aggregate these Practitioner earnings to set the contribution tier for Salaried post)*** |
| **DECLARATION OF EMPLOYER** |
| *I certify that the information on this form is correct* |
| Print Name: |  |
| Position in Practice: |  |
| Signature: |  |