SUPERANNUATION DETAILS

FOR ASSISTANT PRACTITIONERS [SALARIED/RETAINEE GPs] 2021/22

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** |

SR2 2021/22 v Mar 2021

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTUAL SUPERANNUABLE SALARY FOR YEAR 2021/22****[existing GPs] PRACTICE EMPLOYMENT****ONLY** | **ACTUAL SUPERANNUABLE SALARY FOR YEAR 2021/22 (GPs****Who start or end in year)** | **CONTRIBUTIONSTOBEPAIDFORYEAR** |  |
| **Employee** | **Employer** | **Added years** |
| **£** | **%** | **£** | **%** | **%** |
|  |  |  |  |  | 22.5% |  |  |
| **Any Other Information** |  |  |  |  |  |  |  |

**At year end all Assistant GPs shouldcomplete a Self-Assessment of Contribution Tier available at:** [**http://www.hscpensions.hscni.net/practitioners-2/**](http://www.hscpensions.hscni.net/practitioners-2/)

Please return to: HSC Pension Service 75 Duke Street Londonderry

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| **DECLARATIONOFEMPLOYER** |
| **I certify that the information on this form is correct.** |
| **Employer’s signature:** |  |
| **Position in practice:** |  |

BT47 6FP

Or email : GPcertificates@hscni.net

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