

**Individual Protection 2016 Valuation request at 05/04/2016
(Officer - IP2016)****Part A – for completion by the member**Member surname Member forenames National Insurance Number Members address Telephone number Email address Payroll reference if known

Please sign and date this form below and forward to Payroll Shared Services to complete
Part B and forward to HSC Pension Service.

Member signature _____ Date _____

Part B – for completion by the HSC Employing Authority only
HSC Pension Scheme – Individual Protection 2016 urgent request for pensionable data and pay

The member previously named has asked for a valuation of their pension benefits at 05/04/2016 in order to apply for Individual Protection 2016. Please provide the following information:

1. **Membership details have been updated to 31/03/2016?** Yes No

If the answer to the above is "No" please confirm the following:

Membership from 01/04/2015 – 31/03/2016 is:

whole time
 part time worked Contract hours/sessions

2. **Membership from 01/04/2016 – 05/04/2016 is:**

whole time
 part time worked Contract hours/sessions

3. Pay details

(i) **1995 Section** - Please provide rates and total pensionable pay for the best of the last three years. Please provide the whole time equivalent if the member is part time.

From ___/___/___ To ___/___/___ £ _____

Is the above figure: Confirmed Provisional

If **provisional** is the member intending to retire in the next 4 months? Yes No

If 'Yes' please provide the intended date

(ii) **2008 Section** - Please confirm the actual pensionable pay for the best 3 consecutive years in the 2008 Section of the Scheme.

| | From | | | To | | | Disallowed Days | Amount | | | | | |
|----------|------|-----|------|-----|-----|------|-----------------|--------|---|--|--|--|--|
| | Year | Day | Year | Day | Mth | Year | | £ | p | | | | |
| Last | | | | 0 | 5 | 0 | | | | | | | |
| Middle | | | | | | | | | | | | | |
| Earliest | | | | | | | | | | | | | |

For ALL part time members please give the NOTIONAL WHOLE TIME pensionable pay for each of the best 3 years, or lesser period if applicable. This figure should be the pensionable pay that **would have** been paid in a single comparable whole time employment.

| | £ | | | p | | |
|----------|---|--|--|---|--|--|
| Last | | | | | | |
| Middle | | | | | | |
| Earliest | | | | | | |

Are the above figures: Confirmed Provisional

If **provisional** is the member intending to retire in the next 4 months? Yes No

If 'Yes' please provide the intended date

(iii) 2015 Section – Actual Pensionable Pay required from:

- The 1 April 2015 to the 31 March 2016 £ _____
- The 1 April 2016 to the 5 April 2016 £ _____

Are the above figures: Confirmed Provisional

If **provisional** is the member intending to retire in the next 4 months? Yes No

If 'Yes' please provide the intended date

4. Details of the person at the Employing Authority requesting this valuation:

Signature

Initials and surname (please PRINT)

Telephone number

EA name and address stamp