SUPERANNUATION DETAILS

FOR ASSISTANT PRACTITIONERS [SALARIED/RETAINEE GPs] 2023/24

PRACTICE NAME/ ADDRESS STAMP:

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| --- |
| **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** |

PRACTICE

CODE:

|  |  |
| --- | --- |
| **SUPERANNUABLE SALARY 2023/24** | **CONTRIBUTIONS PAID 2023/24** |
| **ACTUAL SUPERANNUABLE SALARY IN PRACTICE 2023/24 (Existing GPs)** | **ACTUAL SUPERANNUABLE SALARY IN PRACTICE 2023/24 (GPs who start or end in year)** | **Employee**  | **Employer**  | **Added Years**  |
| **£** | **%** | **£** | **%**22.5% | **£** |
|  |  |  |  |  |  |  |
| **Any Other Information** |  |  |  |  |  |  |

Current Employee Contribution Rates are available at:

<https://hscpensions.hscni.net/wp-content/uploads/2023/03/ETU-March-2023-V1.pdf>

At year end all Assistant GPs should complete a Self-Assessment of Contribution Tier available at:

<https://hscpensions.hscni.net/hscpensions/practitoners/salaried-3/>

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

Please return SR2 Form by email to: GPcertificates@hscni.net