



GP Practice, Direction Employers & Out of Hours Staff

(J2) Notification of Start of Pensionable Employment

This form must be completed and sent to HSC Pension Service immediately a person starts pensionable employment

To b	e completed by an authorised officer	
1.	National Insurance Number	
2.	Date of Birth	
3.	Has date of birth been verified from birth certificate	Tick appropriate box:- Yes ☐ No ☐
4.	Title	
5.	Sex	
6.	Surname	
7.	Forename	
8.	Address	
	Po	estcode
	FU	sicode
10.	Email	
11.	Telephone	
12.	Date Started Current Pensionable Employment	
12.	Capacity in which employed?	
13.	Whole-time or part-time?	
14.	Is this the joiner's only pensionable employment? Y/N If N, please give details of other employments. (e.g. Practice No, HSCT, Staff No)	
15.	If part-time, proportion of whole-time as a fraction.	
16.	Annual Whole Time Equivalent (WTE)Salary	
	Employer Declaration clare that I have issued the member with a copy of here	
Nam		Stamp:
Offic	ial Designation	
Date		
Telep	phone Number	V.F
F-Ma	iil	Practice Identifier: