

HSC Superannuation Scheme

Notification of Start of Superannuable Employment

Practitioner/Assistant Practitioner/Locum

Practitioner/ Assistant/ Locum's Name

Cypher Number or GMC Number
GDS Number

National Insurance Number

Date of Birth / /

Start Date / / Practice Number

Please indicate if the post is:

A Principal An Assistant Practitioner A Locum Practitioner

Email Address: _____

Notes for the applicant: Please read these before filling in the form.

1. If you were in the HSC Pension scheme and if you are re-joining the scheme within 5 years of leaving it (or longer if you left to take up a study course or approved employed) your earlier employment can count towards your superannuation.
2. If you were in another pension scheme within the past 12 months and now you are joining the HSC Pension Scheme, you may be able to reckon your service in the previous scheme. To do this you must complete this form within 6 months of entering this scheme so that we can ask for a transfer to be arranged.
3. The HSC Pension Scheme Guide can be viewed online at <http://www.hscpensions.hscni.net/scheme-guides/>
4. All applicants should complete **Parts A & B**. If you are, or have been a member of the HSC Pension Scheme at any time, complete **Part C**. If you are or have been a member of another pension scheme (this includes a personal pension) **Part D**.

Principal GP's, Salaried/Retainee GP's and Locum GP's, please complete and send to HSC Pension Service, Waterside House, 75 Duke Street, Londonderry, BT47 6FP for processing.

Out of Hours Employments—Please complete and send to your Out of Hours Provider

All Dental Practitioners—Please complete and send to Dental Section, BSO, 2 Franklin Street, Belfast, BT28QD

Part A Personal details

Surname

Fore names (in full)

Maiden name (if applicable)

Date of Birth

Title

Dr Mr Mrs Miss Ms

National Insurance Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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What is your marital status?

Married Single Civil Partners
Divorced Separated Widowed

If you are separated/divorced or a widow(er) please give the date of your separation/divorce/your wife or husband's death

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your present address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Telephone number—please provide a telephone number we can contact you on if we require further information.

Part B

Are you: -

- A. Already on the BSO list? Yes No
- B. Currently employed in another post in the Northern Ireland Health Service? Yes No
- C. Paying superannuation in employment with the Northern Ireland Health Service? Yes No

If "Yes" to a, b or c please give details

Place of Employment	<input type="text"/>
Payroll/Reference No	<input type="text"/>
Place of Employment	<input type="text"/>
Payroll/Reference No	<input type="text"/>
Place of Employment	<input type="text"/>
Payroll/Reference No	<input type="text"/>
Place of Employment	<input type="text"/>
Payroll/Reference No	<input type="text"/>

Are you in receipt of a HSC Pension Yes No

If "Yes" please state your HSC Pension Payroll Number

Are you making additional payments for: -

- A. ERRBO(Early Retirement Reduction Buy Out)? Yes No
- B. Additional Pension Purchase? Yes No
- C. Purchasing added years? Yes No
- D. Purchasing unreduced Lump Sum Retiring Allowance? Yes No

Part C Complete this if you were previously a member of the HSC Pension Scheme

Who was your employer?

On what date did you leave that employment

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If you left that employment less than 12 months ago have you applied for a refund? Yes No

Do you want to repay these contributions so that they count for your Pension? Yes No

Did you leave your last HSC employment to take up a course of study or training or to take up employment in which your superannuation rights were protected? Yes No

If "Yes" please complete a to c:-

A. the type of work you were employed in _____

B. the date you started _____/_____/_____

C. the date you finished _____/_____/_____

Part D Complete this part if you are or were previously a member of another superannuation scheme or were contributing to a personal pension.

What is/was the name of the scheme you were in? _____

What is/was the name of your employer? _____

What are/were you employed as? _____

Where are/were you employed? _____

If the employment has ceased – on what date did you leave? _____/_____/_____

If you did not get a return of contributions when you left that superannuation scheme, it may be possible to transfer your service to the HSC Scheme

Do you wish to have a transfer arranged? Yes No

Part E

Authority to Act

If you require HSC Pension Service to communicate with any third party on your behalf, this may include your accountant or/and financial adviser, please complete this section.

Accountancy Firm: _____ Financial Adviser Co: _____

Accountants Name: _____ Financial Adviser Name: _____

Tele No: _____ Tele No: _____

Email: _____ Email: _____

Declaration

I declare that the information I have given is correct and complete to the best of my knowledge and belief. I hereby agree to notify HSC Pension Service of any changes to the information provided.

By signing this declaration I authorise the above accountancy firm and its' representatives to act on my behalf. I confirm that any changes to this instruction will be forwarded to HSC Pension Service without delay.

I have read the HSC Pension Scheme Guide.

Signature

Date

For Information

All GPs should complete either a Type 1 Annual Certificate of Pensionable Profit (Principle GPs) or Type 2 Self-Assessment of Tiered Contributions (GP OOH, Salaried GPS, Locum GPs) for each scheme year ending 31st March.

All certificates are available at <http://www.hscpensions.hscni.net/hscpensions/practitioners/>

To be completed by the Business Services Organisation/Out of Hours Provider

Employment Details

Is the applicant
a. A Principal? b. An Assistant Practitioner? c. A Locum Practitioner

If b or c give the name and address of the Principal _____

a. If a Practitioner give the date they became a Practitioner

b. if an Assistant Practitioner give the date employment started

c. if a Locum Practitioner give the date employment started

Is the applicant Medical? Dental? Ophthalmic?

National Insurance and Superannuation details

In this employment is the applicant:	Is the applicant:
a. an employed earner (Class 1) ? <input type="checkbox"/>	a. already on the BSO list? Yes <input type="checkbox"/> No <input type="checkbox"/>
b. self-employed (Class 2)? <input type="checkbox"/>	b. employed in another capacity in which superannuation is paid in the HSC Pension Scheme? Yes <input type="checkbox"/> No <input type="checkbox"/>

If "Yes" to a or b please give details here.

Signature Date _____/_____/_____

Official Position Telephone

Now send this form to **HSC Pension Service, Waterside House, 75 Duke Street, Londonderry, BT47 6FP**