



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 be completed by an authorised officer – not the member. 1. **National Insurance Number** 2. **Date of Birth** Has date of birth been verified from birth certificate Tick appropriate box:-Yes No 🗌 3. Title 4. 5. Sex 6. Surname 7. **Forename** Address 8. **Postcode** 9 **Fmail** 10. Telephone 11. **Date Started Current Pensionable Employment** 12. Capacity in which employed? (Job Role) 13. Whole-time or part-time? (FT/PT/bank/adhoc) 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 afraction. (25.5/37.5 etc) 16. Annual Whole Time Equivalent (WTE) Salary 17. Employer Declaration I declare that I have issued the member with a copy of the 2015 Scheme Guide. Sign here Stamp: Name Official Designation Date **Telephone Number**

Practice Identifier: