SUPERANNUATION DETAILS

FOR ASSISTANT PRACTITIONERS [SALARIED/RETAINEE GPs] 2025/26

PRACTICE NAME/ ADDRESS STAMP:

|  |  |
| --- | --- |
| **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 2025/26** | | **CONTRIBUTIONS PAID 2025/26** | | | | |
| **ACTUAL SUPERANNUABLE SALARY IN PRACTICE 2025/26 (Existing GPs)** | **ACTUAL SUPERANNUABLE SALARY IN PRACTICE 2025/26 (GPs who start or end in year)** | **Employee** | | **Employer** | | **Added Years** |
| **£** | **%** | **£** | **%**  23.2% | **£** |
|  |  |  |  |  |  |  |
| **Any Other Information** |  |  |  |  |  |  |

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

[**https://hscpensions.hscni.net/hsc-pension-scheme/pracitioners/salaried-gps/#**](https://hscpensions.hscni.net/hsc-pension-scheme/pracitioners/salaried-gps/)

|  |  |
| --- | --- |
| **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](mailto:GPcertificates@hscni.net)