

## HSC Pensions – Partial retirement supplementary form

## Section One – Member Information and Pension benefits

### To be completed by the Member

## Guidance

Read the [partial retirement factsheet](#) before completing this Form.

## Member information

### To be completed by the Member

Staff number

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National Insurance No.

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Employer name

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Member's surname

--

Member's other names

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Date of birth

		/			/				
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Please indicate if this is your first or second Partial Retirement (PR) event  
(Tick one box only)

First PR event

7

## Second PR event

11

Please indicate below your Partial Retirement Date

Date of partial retirement

		/			/				
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Partial retirement is applied to your pension benefits in order. For example, if you have benefits in the 1995 Section and the 2015 Scheme, the percentage is applied to your 1995 Section benefits first and the remainder to your 2015 Scheme benefits.

## Pension Details

Complete only **ONE** of the following sections:

a) I would like to claim only the pension benefits based on my membership in the legacy Scheme (1995/2008 Scheme) up to 31 March 2015

Please enter the percentage of your overall benefits from the legacy scheme:

 %

or

b) I would like to claim 100% of my pension from an individual Section or Scheme.

1995 Section

☐

2008 Section

☐

2015 Scheme

☐

or

c) I would like to claim the following overall percentage of my pension benefits across all Schemes:

1995 Section

 %

2008 Section

 %

2015 Scheme

 %

**Note: If you have pension benefits in two schemes, for example the 1995 Section and 2015 Scheme or 2008 Section and 2015 Scheme you may choose 100% of your 1995 or 2008 Section benefits and some or all your 2015 Scheme benefits.**

**However, you cannot claim just your 2015 Scheme pension.**

**You must exhaust benefits from each Section before taking a percentage from the next. Any decoupled benefits are excluded from partial retirement.**

Now go to Section Two – Added benefits

## Section Two – Added benefits

To be completed by the Member

### Guidance

This section should **ONLY** be completed **IF** you have added benefits in the Section or Scheme that you are claiming partial retirement from.

Would you like to claim your added benefits in the Section or Scheme you are claiming partial retirement from at the same time?

Yes ☐ No ☐

**Note: If the elected percentage exhausts your 1995 / 2008 Section or 2015 Scheme benefits, the added benefits from that Section / Scheme will be automatically payable.**

## Section Three – Member declaration

To be completed by the Member

I confirm that I have read and understood the partial retirement factsheet.

Printed name of signatory

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Member signature

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Date

		/			/					
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If you are employed in a **HSC Trust or Regional Organisation**, i.e. BSO, NIAS etc., once you have completed this form, you should return it along with your AW6 pension application form to your HR team so they can complete their section and forward it to HSC Pension Service.

If you are employed in a **GP Practice** please return this form along with your AW6 pension application form to your Practice Manager so they can arrange completion the employer section and forward it to HSC Pension Service.

If you are employed in a **HSC PS Directional Body**, i.e. Foyle Hospice, QUB, etc. please return this form along with your AW6 pension application form to your Organisation's HR so they can arrange completion the employer section and forward it to HSC Pension Service.

## Section Four – Employer declaration

To be completed by the Employer (Your Human Resources (HR) Department)

I confirm that the member:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| • has reduced their pensionable pay by at least 10% (or reduced their commitment by 10% for GPs, dental practitioners, ophthalmic practitioners, or non-GP providers) | <input type="checkbox"/> | <input type="checkbox"/> |

Please indicate in the space below how the member has met the 10% reduction in Pensionable Pay, e.g. reduction in hours, split contract, stepping down, rota change.

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- |  |                          |                          |
|--|--------------------------|--------------------------|
| • has changed the terms of their employment (not applicable for GPs dental practitioners, ophthalmic practitioners, or non-GP providers)   | <input type="checkbox"/> | <input type="checkbox"/> |
| • expects the new level of pay to be in place for at least 12 months from the payable date (not applicable for GPs, dental practitioners, ophthalmic practitioners, or non-GP providers) | <input type="checkbox"/> | <input type="checkbox"/> |
| • is aware of the option to only claim legacy scheme benefits (1995/2008 Section) for membership up to 31 March 2015   | <input type="checkbox"/> | <input type="checkbox"/> |

Print Name of signatory

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Employer signature

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Date

		/			/					
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Once the member has completed their sections you should submit this form with a completed AW6 pension application form to [Partial.Retire.PPT@hscni.net](mailto:Partial.Retire.PPT@hscni.net) or if a GP Practice or Directional Body to your Payroll Provider

## Section Five – Member pensionable pay

To be completed by HSC Pension Service Payroll Pension Team or in the case of a GP Practice/Directional Body the payroll provider

### Guidance

Read the [partial retirement factsheet](#) before completing this section. Pensionable pay for legacy scheme benefits should be included in the AW6 Pension Application Form.

For all applications, provide the actual pensionable pay from 1 April up to the day before the chosen payable date.

If the member worked part-time, show the total number of hours worked.

If the member has multiple employments, pensionable pay should be shown separately for each employment.

For GP's and non-GP providers, only complete the first three columns. Provide estimated pensionable pay for the previous scheme year separately to pensionable pay from 1 April based on the information on the Estimate of Pay / Profits form.

The shaded row is an example of the information required.

Date from	Date to	Actual pensionable pay in this period	Nature of change – only if moving to whole time or part time or vice versa	Total hours or sessions worked in this period
01/04/2024	31/10/2024	£24,500.00	PT	600