

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

To be completed by an authorised officer of the employer – not the member.

1. National Insurance Number	<input type="text"/>	2. Date of Birth	<input type="text"/>
3. Has date of birth been verified from birth certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Title	<input type="text"/>
6. Surname	<input type="text"/>	5. Sex	<input type="text"/>
8. Forename	<input type="text"/>	7. Initials	<input type="text"/>
9. Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
10. Postcode	<input type="text"/>	11. Telephone	<input type="text"/>
12. Email	<input type="text"/>		
13. Date Started Current Pensionable Employment	<input type="text"/>		
14. Date Member Joined Employment	<input type="text"/>		
15. Reason (if any) member was not pensionable from first date of employment (opted out, not eligible for Auto enrolment, postponed etc)	<input type="text"/>		
16. Capacity in which employed? (Job Role)	<input type="text"/>		
17. Whole-time or part-time?(FT/PT/bank/adhoc)	<input type="text"/>		
18. 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)	<input type="text"/>		
19. If part-time, proportion of whole-time as a fraction. To represent contract hours and FT hours (25.5/37.5 etc)	<input type="text"/>		
20. Annual Whole Time Equivalent (WTE) Salary on date for Q 13.	<input type="text"/>		

**21. Employer Declaration**

I declare that I have issued the member with a copy of the 2015 Scheme Guide.

Sign here

Name \_\_\_\_\_  
 Official Designation \_\_\_\_\_  
 Date \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-Mail \_\_\_\_\_

Stamp:

  
  
  

Practice Identifier: Z00 \_\_\_\_\_

Send to: HSC Pension Service, Orchard House, 40 Orchard House, Londonderry, BT48 6AT or email to [hscpensions@hscni.net](mailto:hscpensions@hscni.net)