HSC Business Services Organisation

GP Practice, Direction Employers & Out of Hours Staff (J2)

Notification of Start of Pensionable Employment

INVESTORS IN PEOPLE

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 | | | | | | | | | |

2. Date of Birth ____/____/_____

3. Has date of birth been verified from birth certificate Yes ◯ No ◯

4. Title | |

5. Sex | |

6. Surname | | | | | | | | | | |

7. Initials | |

8. Forename | | | | | | | | | | | | | | | | | | | | |

9. Address | | | | | | | | | | | | | | | | | | | | |

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10. Postcode | | | | | | | | | |

11. Telephone | |

12. Email | | | | | | | | | | | | | | | | | | | | | | |

13. Date Started Current Pensionable Employment | | | | | | | | |

14. Date Member Joined Employment | | | | | | | | |

15. Reason (if any) member was not pensionable from first date of employment (opted out, not eligible for Auto enrolment, postponed etc) | |

16. Job Role/Title | |

17. Whole-time or part-time?(FT/PT/bank/adhoc) | |

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) | |

19. If part-time, proportion of whole-time as a fraction. To represent contract hours and FT hours (25.5/37.5 etc) | | | | |

20. Annual Whole Time Equivalent (WTE) Salary on date for Q 13. | |

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