

NHS Pension Schemes (Scotland)

APPLICATION FOR EARLY PAYMENT OF PRESERVED PENSION ON GROUNDS OF ILL HEALTH

PLEASE COMPLETE USING BLOCK CAPITALS

SECTION 1 – PERSONAL DETAILS

Superannuation number

Surname

Former surname (s) (if applicable)

Forenames (in full)

Title
Dr Mr Mrs Miss Ms

Other (please specify)

Date of birth (e.g. 15/04/1943)
 / /

National Insurance number

Contact address

Post code

Home telephone number (incl STD code)

Mobile telephone number

Personal email address

SECTION 2 – DETAILS OF SPOUSE/CIVIL PARTNER/SURVIVING PARTNER

What is your status? (please tick the appropriate box below and, if applicable, provide the relevant date of status change)

Married	<input type="checkbox"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single	<input type="checkbox"/>									
Divorced	<input type="checkbox"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Widowed	<input type="checkbox"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Civil Partnership	<input type="checkbox"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dissolution or nullity of civil partnership	<input type="checkbox"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surviving partner*	<input type="checkbox"/>		<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Only applicable if you were a member of the scheme after 1 April 2008

Please give the following information regarding your spouse, civil partner or nominated non legal partner

Title Dr Mr Mrs Miss Other

Surname

Forenames (in full)

Date of birth (e.g. 15/04/1943) / /

National Insurance number

If divorced/partnership dissolved, has a court order against part of your pension/lump sum been made? Yes No

If yes, is this order for: earmarking
pension sharing

Important - please enclose the following certificates / documentation with this form:

- **A copy of your birth certificate**
- If you are currently **married** or in a **civil partnership** enclose your marriage certificate or civil registration certificate with your spouse's / civil partner's birth certificate
- If you are a **widow / widower / survivor of a civil partnership** enclose your spouse's / civil partner's death certificate.
- Date of spouse's / civil partner's death
- If you are **divorced** or your civil partnership has been **dissolved** enclose the appropriate legal documents.
- Date of divorce / dissolution or nullity of civil partnership
- If you are divorced or partnership dissolved, has a court order against part of your pension or lump sum been made? Yes No

* **Surviving partner - only applicable to members of the NHS Superannuation Scheme (Scotland) with contributing service on or after 1 April 2008.**

SECTION 3 – BANK DETAILS

Name of account holder:

Name of Bank/Building Society:

Branch:

Branch address (related to sort code):

Post code

Branch sort code: - -

Account number:

Building society roll number:

Bank account type: Current account Deposit account

If your bank is outside the UK, please indicate which country your pension will be paid to:

SPPA will issue the appropriate TAPS form to you for completion

SECTION 4 - HM REVENUE AND CUSTOMS (HMRC) INFORMATION

The Government introduced changes to the amount you can build up towards your pension benefits for tax relief. It is possible that these changes may affect some members who retire from 6 April 2011. To see if these might impact on you, please see our website at www.sppa.gov.uk.

To comply with HMRC legislation please answer the following questions.

1. Have you any retirement arrangements outside the NHS pension scheme, whether in payment or not? This includes money purchase AVCs, but excludes the state retirement pension or any survivor or dependants benefits you are being paid.

Yes Please continue

No Go to question 5

2. Will your annual pension from all your pension arrangements, including the NHS scheme be more than £40,000 per year?

Yes Please continue

No Go to question 5

3. Excluding your main NHS scheme benefits, have you taken any pension on or after 6 April 2006?

Yes Please continue

No Go to question 4

a) Please give the combined percentage of LTA used by all your separate pension benefits in payment on or after 6 April 2006 and enclose photocopies of relevant certificates.

%

b) Total amount of lump sum received.

£

c) Date of first Benefit Crystallisation Event.

/ /

4. Excluding your main NHS scheme benefits were any of your separate benefits in payment before 6 April 2006?

Yes Please continue

No Go to question 5

a) Give the annual rate of pension in payment on today's date or date at 3 c).

£

5. Do you have a valid Fixed, Enhanced or Primary protection certificate from HMRC?

Yes

No

If so, please enclose a photocopy of your certificate with your completed application. Please do not send the original.

SECTION 5 - ADDITIONAL VOLUNTARY CONTRIBUTIONS (AVCs)

Do you have an in house AVC with Standard Life? Yes No

Do you have an in house AVC with Equitable Life? Yes No

If you have ticked yes above, we will be in contact with the provider on your behalf. If you have an AVC or FSAVC with a different provider please, send them a copy of the Benefit Crystallisation Certificate which we will send to you with details of your retirement benefits.

SECTION 6 - COMMUTATION DUE TO REDUCED LIFE EXPECTANCY – TERMINAL ILLNESS

The NHS Scheme Regulations include a provision for the payment of a one off lump sum for members whose life expectancy after retirement is 12 months or less. This should be supported by medical evidence to this effect from the members medical adviser. It is generally accepted that this should be provided by a Consultant.

Successful applicants with service on or after 1 April 2008 will receive a one off lump sum of 5 times their commuted, unreduced pension plus their commuted, unreduced lump sum. Applicants with no service on or after 1 April 2008 will receive a one off lump sum of 5 times their unreduced pension plus their unreduced lump sum.

If your illness is such that you wish to apply for a commuted ill health pension please indicate

Yes No

and either provide medical evidence with the application or have the medical evidence submitted direct to SPPA as soon as possible to SPPA, 7 Tweedside Park, Tweedbank, Galashiels TD1 3TE.

If you have indicated “Yes” please sign and date.

Signature

Date

SECTION 7 – LUMP SUM CHOICE

Please complete this section if you have service in the scheme after 1 April 2008. See the [Lump sum choice factsheet](#) for further information.

Do you want to give up part of your pension in order to increase your level of tax free lump sum?

Yes No Further information required

If you have ticked yes above, please indicate how much you wish to give up. (The amount of tax free lump sum you may commute will depend on HMRC taxation restrictions).

Max allowed (please tick) Specific amount (enter amount)

If you have ticked yes above, have you or are you due to receive any tax free lump sum from any other pension provider at your retirement date?

Yes No

SECTION 8 - LUMP SUM RECYCLING

Do you intend to use any part of your lump sum to fund additional pension contributions to another pension arrangement? Yes No

If you have answered yes, please confirm the following:

Do all of the retirement lump sums received from all schemes in the last 12 months exceed 1% of the current HMRC LTA? Yes No

Does the amount you are investing exceed 30% of your retirement lump sum? Yes No

SECTION 9 - DECLARATION - PAYMENT OF PRESERVED BENEFITS

I declare that I understand I am responsible for submitting any medical information that is required to support my claim for early payment of my preserved benefits under the NHS scheme regulations. In this respect I will arrange to obtain from my GP, Consultant, or Occupational Health Advisor a completed AW8 med preserved form.

I also understand that I am liable for any fees/costs involved in the provision of such medical information.

I understand that completion of this form does not imply that the application for early retirement on ill health grounds will be accepted.

I understand that if my existing benefits and any benefits from the NHS scheme at retirement exceed the LTA and I have no transitional protection certificate, the LTA charge will be paid and my benefits reduced accordingly.

I confirm that details given about my LTA are accurate and the certificate(s) are valid and copies enclosed.

If I have Fixed Protection, I declare that I have checked for benefits accrual (note 2 on the certificate for Fixed Protection refers) and have not had benefit accrual up to and including the date of my retirement.

I declare all of the information I have given on this form is true to the best of my knowledge and belief.

Please tick the appropriate boxes below:

AW8/Med (Preserved) Enclosed

AW8/Med (Preserved) to Follow

Working in NHS Employment

Not Working in NHS Employment

What was your previous job in the NHS?

.....

Was your employment full time or part-time?

If part-time, please state the contracted hours you worked

Signature

Date

PERSONAL CHECKLIST

You should complete and keep this part of the form for future reference

APPLICATION FOR AWARD OF PENSION

Superannuation number

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1. Date the form was sent to SPPA
2. Documents enclosed (you may wish to tick the documents you have sent as a reminder to check on their return). **Photocopies of documents are acceptable.**
Marriage / Civil Partnership Certificate
Spouse / Partners Birth Certificate
Spouse / Partners Death Certificate
Divorce Decree / Dissolution or Nullity of Civil Partnership Certificate
3. If your application is successful, you will be advised of the amount of your retirement benefit by the SPPA. If you change your address before then please let the Scottish Public Pensions Agency know as soon as possible.

The address is:

**Scottish Public Pension Agency (NHS)
7 Tweedside Park
Tweedbank
Galashiels
TD1 3TE**

You can telephone 01896 893000 quoting your superannuation (SB) reference number.

4. SPPA Payroll will be responsible for the payment of your pension and lump sum.
5. Your pension will assessed as earned income for tax purposes.

An advice note will be sent when there is has been a change in your annual rate of pension or your PAYE tax code. For the first year of your retiral, tax will be based on the total pay and pension received in the year to the last payment before 6 April.

Any enquiry about your PAYE code number or your tax liabilities should be sent to:

HM Inspectors of Taxes, Queensway House, Stewartfield Way, East Kilbride, G79 1AA
(quoting your surname and NI number)

Telephone: 0300 200 3300.