

Application for valuation of NHS Superannuation Benefits: Individual Protection 2016

To obtain a valuation of your pension benefits at 5 April 2016 in order to apply to HMRC for Individual Protection 2016.

Please provide the following information:

PART 1 – To be completed by member

Superannuation number:	
Member surname	
Member forenames	
National insurance Number	
Members address	
Telephone number	
Email address	
Payroll reference if known	

Please sign and date this form below and forward to your NHS Payroll Department to complete Part 2 and forward to SPPA.

Member signature

Date



PART 2 – To be completed by employer

This member has advised SPPA they intend to apply to HMRC for Individual Protection 2016 to safeguard their pension entitlement against a tax charge. This protection is granted by HMRC on the actual value of their pension at 5 April 2016. SPPA are required to provide such members with highly accurate estimates of their pension value at this date and we therefore require the relevant pay details.

For **1995 section** members, SPPA require the pay details for the 3 years up to 05/04/2016 on page 2 (whole time members) or page 3 (part time members).

For **2008 section** members, SPPA require the annual return information for 01/04/2015 to 31/03/2016, plus the earnings from 01/04/2016 - 05/04/2016 on page 4. Please also complete and sign the declaration on page 5 and return to SPPA.

SECTION 2A – WHOLE TIME OFFICER

1995 Section members only

WHOLE TIME OFFICER Details of service and pensionable pay for the 365 days up to 05/04/2016 (including Domiciliary Consultation fees paid)										
Period to which pensionable pay relates (365 days) with dates if rates change			f days ibuting	Pay(pension (i.e. that on whi contributions	ch employer's	Dates of unpaid leave during the				
		Conť	Cont' Non Cont' Pay exclude other superannuable OSP's payments' (OSP's)							
(1)		(2)	(3)	(4)	(5)	(6)				
Final Year										
2 nd Year										
3 rd Year										

Total annual populationable pay (4) + (5)	Final Year	2 nd Year	3 rd Year		
Total annual pensionable pay (4) + (5)					



SECTION 2B – PART-TIME OFFICER & BANK WORKERS

1995 Section	members	only
--------------	---------	------

PART-TIME OFFICER Part-time fraction for contracted hours i.e. 20/37.5

Det	PART-TIME OFFICER & BANK WORKERS Details of service and pensionable pay for the 365 days up to 05/04/2016 (excluding Domiciliary Consultation fees paid)										
Period to which pensionable pay relates (365 days) with dates if rates change			f days buting	that c	ime pensiona n which empl butions are b	oyers	No of hours (estimate/ actual	Standard whole	Annual whole time equivalent		
		Cont' Cont' exc		Actual pay exclude OSP's	clude uproted upr		hours) worked during period in col (1)	time hours for period in col (1)	pensionable pay for col (4) with dates of change similar to col (1)		
	(1)	(2)	(3)	(4)	(5a)	(5b)	(6)	(7)	(8)		
Final Year											
2 nd Year											
3 rd Year											
							2 nd voor		2rd Veer		
					inal Year		2 nd year		3 rd Year		
Tota	I annual pensionable	pay (4) + (5)								
Domiciliary Consultation fees											

3

1

0

3

1

6

COTTISH PUBLIC PENSIONS AGENCY

SECTION 2C – 2008 Section members only Inclusive date to which earnings will be paid 1 1 (please include any period of untaken annual leave) Earnings details for the year 01/04/2015 to 31/03/2016 (required for all whole time and part-time staff) Number of Total superannuable Non con Dates of unpaid Month Year Day days days leave pay worked

Earnings details for the part year from 01/04/2016 to 05/04/2016

Whole time officer												
у	Month Ye		ear	Total superannuable pay	Number of days worked	Non con days	Dates of unpaid leave					
1	0	4	1	6								
	to	D										
5	0	4	1	6								
	y 1	y Mo 1 0 to	y Month 1 0 4 to	y Month Ye 1 0 4 1 to	y Month Year 1 0 4 1 6 to	y Month Year Total superannuable pay y Month Year Total superannuable pay 1 0 4 1 6 to	y Month Year Total superannuable pay Number of days worked Month Year Total superannuable pay Number of days worked 1 0 4 1 6 to Image:	y Month Year Total superannuable Number of days worked Non con days worked 1 0 4 1 6 to				

Annual rate of salary at 05/04/2016

£

Part ti	ime of	ficer		Part	ime f	raction for contracted	ction for contracted hours i.e. 20/37.5						
Da	Day Month			Ye	ear	Total superannuable pay (inc OSP payments)	Projected days worked		Whole time equivalent				
0	1	0	4	1	6								
to													
0	5	0	4	1	6								
Annua	al rate o	of sala	ry at ()5/04/2	016		£						



Employers Declaration

To the best of my knowledge all information given in this form is correct and signed and dated by the member.

Signature										
Official designation										
Name (in BLOCK LETTERS please)										
Employing Authority										
Address	 							 		
						Post	Code			
Telephone No										
Email address										
Date		1		1]			

Please return form to SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE