

**NHS Superannuation Scheme (Scotland)****Application to re-join the NHS Superannuation Scheme for Principal Medical and Dental Practitioners**

You must **complete this form and return to Practitioner Services** to notify them of your intention to re-join the scheme for your **self-employed posts**. If you have more than one Practitioner employment you must **opt back in to all practitioner employments from the same date** and you must contact the relevant NHS payrolls directly to advise them of your decision surrounding your other practitioner posts.

**Please complete all relevant fields of the application form as incomplete information will delay your application.**

**SECTION 1 – PERSONAL DETAILS**Scheme reference number Surname Former Surname Forename(s) Title Dr  Mr  Mrs  Miss  Ms  Other National Insurance number Date of Birth (dd/mm/yyyy)  /  /  Contact Address   
  
Post Code Contact Number Email Address

**SECTION 2 – EMPLOYMENT DETAILS (You are required to Opt In to all Practitioner Employments. Please confirm all relevant employments below)**

Opt In Date

0 1 /   /    **Employment 1**

Place of work

Post/Job Title

Pay Reference Number

**Employment 2**

Place of work

Post/Job Title

Pay Reference Number

**Employment 3**

Place of work

Post/Job Title

Pay Reference Number

**Employment 4**

Place of work

Post/Job Title

Pay Reference Number

**Continue on an additional form if necessary**

**SECTION 3 – DECLARATION, TICK TO CONFIRM**1) I have included all my Practitioner employments in Section 2 2) that I know of no pre-existing medical condition or reason that would preclude me from being eligible to re-join the NHS Superannuation Scheme for Principal Medical and Dental Practitioners Signed Date **On completion please return to the appropriate Practitioner Services Office:**

NHS National Services Scotland, Practitioner Services (Medical), Bridge View,  
1 Marischal Square, Braod Road, Aberdeen, AB10 1BL

NHS National Services Scotland, Practitioner Services (Medical), 2<sup>nd</sup> Floor, Gyle Square  
1 South Gyle Crescent, Edinburgh, EH12 9EB

NHS National Services Scotland, Practitioner Services (Medical), 1<sup>st</sup> Floor, Meridian Court  
5 Cadogan Street, Glasgow, G2 6AT

**SECTION 4 – PRACTITIONER SERVICES CONFIRMATION**PS Office Name PSD Office Address Post Code Contact Number Signature Date (dd/mm/yyyy)

**Practitioner Services, please send a copy of this form to: Scottish Public Pensions Agency, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE**

### **SPPA Privacy Policy**

The Scottish Public Pensions Agency (SPPA) is an executive Agency of the Scottish Government. On the behalf of the Scottish Ministers, we undertake our role as a pension scheme administrator in accordance to the **Pensions Act 1995, The Public Services Pension Act 2013 and The Occupational and Personal Pension Schemes (Disclosure of Information) Regulations 2013**.

This privacy statement relates to the personal information we collect, why we collect it and what we do with it. Full information on our Privacy Policy can be found on the SPPA website at <https://pensions.gov.scot/data-protection-privacy-policy>