

# NHS:RET REVISION FORM – TO BE COMPLETED BY THE EMPLOYING AUTHORITY

This Revision form should only be used if there is a change to final figures. This should be completed by the **employer** and forwarded to SPPA, no later than 4 months after the applicant’s last day of service. Delay in submission of this application may result in a delayed payment of additional pensionable benefits.

Any amendments arising after the submission of this form should be notified to SPPA immediately.

## SECTION 1 – EMPLOYEE DETAILS – Please complete this section to confirm applicants identity

Superannuation Number

Surname

Forename(s)

Date of birth  /  /

Inclusive date to which earnings will be paid  /  /

Retirement category      Age       VERA       Partial       Prem

Is Employee any of the following      Special Class       MHO       Neither

**Please ensure you complete the relevant sections as shown below:**

For 1995 Members – please complete Section 2A if whole time or 2B if part time or bank worker

For 2008 Members – please complete Section 2C if whole time or 2D if part time or bank worker

For 2015 Members:

If the member has previous service in the 1995 section, complete Section 2A or 2B, as appropriate

If the member has previous service in the 2008 section, complete Section 2C or 2D, as appropriate

If the member only has 2015 Scheme, please complete Section 2C or 2D, as appropriate

If the applicant is applying for partial retirement, please complete Section 3.

If the applicant is retiring on premature grounds, please complete Section 4.

**Section 2A – 1995 SECTION AND 2015 SCHEME MEMBERS – WHOLE TIME OFFICER ONLY**

Inclusive date to which earnings will be paid

		/			/				
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(Please include any period of untaken annual leave)

Annual rate of salary at date of retirement

£	
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<b>WHOLE TIME OFFICER</b>						
Particulars of service and pensionable pay for the last 3 years (including Domiciliary Consultation fees paid)						
	Period to which pensionable pay relates (365 days) with dates if rates change	No of days contributing		Pay (pensionable pay) (i.e. that on which employer's contributions are based)		Dates of unpaid leave during the annual period in column (1)
		Cont'	Non cont'	Pay exclude other superannuable payments (OSPs)	OSPs	
	(1)	(2)	(3)	(4)	(5)	(6)
Final year						
2 <sup>nd</sup> year						
3 <sup>rd</sup> year						

Total annual pensionable pay (4) + (5)	Final year	2 <sup>nd</sup> year	3 <sup>rd</sup> year

**Please complete the declaration at Section 2E**

**Section 2B – 1995 SECTION AND 2015 SCHEME MEMBERS – PART-TIME OFFICER & BANK WORKERS ONLY**

Inclusive date to which earnings will be paid

		/			/				
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(Please include any period of untaken annual leave)

**Part-time officer – part time fraction for contracted hours i.e. 20/37.5**

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Annual whole time equivalent rate of salary at date of retiral

£	
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**PART-TIME OFFICER & BANK WORKERS**

Particulars of service and pensionable pay for the last 3 years (including Domiciliary Consultation fees paid)

Period to which pensionable pay relates (365 days) with dates if rates change	No of days contributing		Basic part-time pensionable pay (i.e. that on which employer's contributions are based)			No of hours (estimate/actual hours) worked during period in col (1)	Standard whole time hours for period on col (1)	Annual whole time equivalent pensionable pay for col (4) with dates of change similar to col (1)
	Cont'	Non cont'	Actual pay (exclude OSPs)	OSPs to be uprated by SPPA	OSPs not to be uprated by SPPA			
(1)	(2)	(3)	(4)	(5a)	(5b)	(6)	(7)	(8)
Final year								
2 <sup>nd</sup> year								
3 <sup>rd</sup> year								

	Final year	2 <sup>nd</sup> year	3 <sup>rd</sup> year
Total annual pensionable pay (4) + (5)			
Domiciliary Consultation fees			

Please complete the declaration at Section 2E

**Section 2C – 2008 SECTION AND 2015 SCHEME MEMBERS – WHOLE TIME OFFICER ONLY**

Inclusive date to which earnings will be paid

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(Please include any period of untaken annual leave)

Earning details for the whole year prior to the final part year (required for all whole time staff)									
Day		Month		Year		Total superannuable pay	Actual number of days worked	Non con days	Dates of unpaid leave
3	1	0	3						

Earning details for the final part year from 1 April to the inclusive date to which earnings will be paid (please include any period of untaken annual leave)									
Day		Month		Year		Total superannuable pay	Actual number of days worked	Non con days	Dates of unpaid leave
0	1	0	4						

Total pensionable pay for final part year	£
Annual rate of salary at date of retiral	£

**Please complete the declaration at Section 2E**

**Section 2D – 2008 SECTION AND 2015 SCHEME MEMBERS – PART TIME OFFICER & BANK WORKERS ONLY**

Inclusive date to which earnings will be paid

		/			/				
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(Please include any period of untaken annual leave)

Earning details for the whole year prior to the final part year (required for all whole time staff)										
Day		Month		Year		Total superannuable pay	Actual number of days worked	Non con days	Dates of unpaid leave	
3	1	0	3							

Earning details for the final part year from 1 April to the inclusive date to which earnings will be paid (please include any period of untaken annual leave)										
Part-time fraction for contracted hours i.e. 20/37.5								/		
Day		Month		Year		Total superannuable pay (inc OSP Payments)	Actual number of Days Worked	Non con days	Dates of unpaid leave	Annual whole time equivalent pensionable pay
0	1	0	4							

Total pensionable pay for final part year £

Domiciliary Consultation fees paid to an officer over the last 365 days £

**Please complete the declaration at Section 2E**

## Section 2E – EMPLOYER DECLARATION

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

Signature	<input type="text"/>
Official designation	<input type="text"/>
Name (in BLOCK LETTERS please)	<input type="text"/>
Employing authority	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Post Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone No	<input type="text"/>
Email address	<input type="text"/>
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Please return the completed application form to:**

**Post:** SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE

**Email:** [sppanhsretapp@gov.scot](mailto:sppanhsretapp@gov.scot)

### Section 3 – PARTIAL RETIREMENT CERTIFICATE BY EMPLOYER

I certify that the particulars given previously are correct and:

- The member is in the 2008 or 2015 section; or is in the 1995 section, but plans to retire on or after 1 October 2023
- The member is in pensionable employment and will remain in at least one employment, if there are more than one
- They have reached the minimum pension age of 55 years
- They will incur a reduction in pay of at least 10% of actual pay earned (in case of concurrent employments, this is from all employments)
- The reduction will remain in place for a period of at least 12 months

Signature

Official designation

Name (in BLOCK LETTERS  
please)

Employer name

Employer address

  
  

Post Code

Telephone number

Email address

Date

 /  / 

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### Section 4 – CERTIFICATION RELATING TO PREMATURE RETIREMENT

PREMATURE RETIREMENT or REDUNDANCY

I certify that  will be  
prematurely retired because of redundancy or organisational change   
prematurely retired in the interest of efficiency of the service  (tick as appropriate)

from the post of  as a result, this officers

inclusive date to which earnings will be paid is  /  /

Capitalised retirement costs are paid by the employer in a lump sum, including costs of retirement from any concurrent employments

Name of employing authority to which premature retirement costs, including costs of retirement from any concurrent employments should be charged. This certificate should be signed by a senior officer in the Employing Authority who is associated with the decision to accept the voluntary early retirement for the person claiming benefits

Employing authority name

Employing authority address   
  
Post Code

Name of Senior Officer

Signature

Official designation

Telephone number

Date  /  /

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