

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.

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| SECTION 1 – PERSONAL DETAILS | |
| Scheme reference number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Surname | <input type="text"/> |
| Former Surname | <input type="text"/> |
| Forename(s) | <input type="text"/> |
| Title | Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |
| National Insurance number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Date of Birth (dd/mm/yyyy) | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Contact 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"/> <input type="text"/> |
| Contact Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Email Address | <input type="text"/> |

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

Opt In Date

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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

| | | | | | | | | | |
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On completion please return to the appropriate Practitioner Services Office:

NHS National Services Scotland, Practitioner Services (Medical), 1 Marischal Square, Broad Street, Aberdeen, AB10 1BL

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

NHS National Services Scotland, Practitioner Services (Medical), 4th Floor, Delta House, 50 West Nile Street. Glasgow, G1 2NP

SECTION 4 – PRACTITIONER SERVICES CONFIRMATION

PS Office Name

PSD Office Address

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Post Code

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Contact Number

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Signature

Date (dd/mm/yyyy)

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**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>