

**NHS Pension Schemes Scotland  
APPLICATION FOR ILL HEALTH BENEFITS**

Part 1, sections 1-11 of this form must be completed by the applicant at least 4 months prior to the proposed retirement date to enable benefits to be paid on time. Send it, with the documents you are asked for, to your employer who will complete the remainder of the form.

If you have any difficulty completing this form you should contact your employer.

**PART 1 – TO BE COMPLETED BY THE MEMBER****SECTION 1 – PERSONAL DETAILS**

Superannuation number

--	--	--	--	--	--	--

Surname

Contact address

Former surname(s) (if applicable)

Forenames (in full)

--	--	--	--	--	--	--	--	--	--

Title

Dr  Mr  Mrs  Miss  Ms

Other (please specify)

Home telephone number (incl STD code)

--	--	--	--	--	--	--	--	--	--	--	--

Date of birth (e.g.15/04/1973)

--	--	--	--	--	--	--	--

 / 

--	--	--	--

 / 

--	--	--	--	--	--

Mobile telephone number

--	--	--	--	--	--	--	--	--	--	--	--

National Insurance number

--	--	--	--	--	--	--	--	--	--

Personal email address

Doctor's name and address

Postcode:

What is your present place of employment in the Health Service? (Give the Hospital and Health Board/Trust/GP Practice)

What is your job there and grade?

On what date do you expect your employment to end?

## SECTION 2 - YOUR NHS CAREER

---

Describe the training you have had for your NHS job with dates. If you are a member of a professional group, give details and dates of your professional qualifications and registration.\*

Describe the experience you have gained within your NHS career, giving dates and titles of all positions held.\*

### **Other training and jobs**

If you have had any other training and/or have held other jobs not in the NHS, please provide details with appropriate dates.\*

\*If necessary, continue on a separate sheet of paper and attach to this form.

**SECTION 3 – DETAILS OF SPOUSE/CIVIL PARTNER/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"/> <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"/> <input type="text"/>
Partner (Cohabiting)*	<input type="checkbox"/>	Date**	<input type="text"/> / <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

\*\*Date cohabitation started

Single	<input type="checkbox"/>		
Widowed	<input type="checkbox"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Divorced	<input type="checkbox"/>	Date	<input type="text"/> / <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"/> <input type="text"/>

**Please give the following information regarding your spouse, civil partner or partner**

Title Dr  Mr  Mrs  Miss  Ms  Other

Surname

Forenames (in full)

Date of birth (DD/MM/YYYY)  /  /   /

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

**SECTION 4 –RE-EMPLOYMENT IN THE NHS**

Before completing this section, please read the [\*\*"I'm retired"\*\* section](#) of the SPPA website

Do you intend to take up further employment in the NHS?

Yes

No

If you have answered yes, please provide the following:

(if this is not currently known, you must provide SPPA with these details **immediately** if you take up further NHS employment)

Name of employer

Address of employer

Post code

Grade

Annual rate of pay

£

Employment type

Whole time

Part-time

Number of hours per week

Number of sessions  
(as a fraction of whole time (i.e 3/10, 5/11))

When will this employment commence?

 /  /  **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 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 under their NPA will receive a one off lump sum of 5 times the commuted upper tier ill health pension plus their commuted lump sum. Applicants at or over their NPA will receive a one off lump sum of 5 times their commuted pension plus their commuted lump sum.

If your illness is such, please indicate if you wish to apply for a commuted ill health pension due to a reduced life expectancy.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Signature	
-----------	--

Date	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>
------	---

Please 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.

**SECTION 7 – LUMP SUM CHOICE**

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

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Further information required <input type="checkbox"/>
------------------------------	-----------------------------	---

If you have ticked yes above, please indicate how much you wish to give up. (Restrictions to the amount of tax free lump sum you may commute will depend on HM Revenue & Customs taxation restrictions).

Max allowed (please tick) <input type="checkbox"/>	Specific amount (enter amount) <input type="text"/>
--	---

**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 tax free lump sums received from all schemes in the last 12 months exceed £7,500?

Yes

No

Does the amount you are investing exceed 30% of your retirement lump sum?

Yes

No

**SECTION 9 – 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 overseas form to you for completion

**SECTION 10 – HM REVENUE AND CUSTOMS (HMRC) INFORMATION**

From April 2011, 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. See the taxation section on our website [www.pensions.gov.scot/pensions-taxation](http://www.pensions.gov.scot/pensions-taxation)

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 and any lump sum payments, but excludes the state retirement pension or any survivor or dependants benefits you are being paid

Yes  Please continue  
No  Go to question 4

2. Excluding your main NHS Pension 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 lump sum amount of 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  /  /  /  /

(i.e when you received payment of benefits)

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

Yes  Please continue  
No  Go to question 4

a) Give the annual rate of pension in payment on today's date  
 £

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

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

If individual or fixed protection 2016, please supply the reference number

## SECTION 11 - DECLARATION

---

I confirm that I have retired from all NHS employments

I apply for the pension and the lump sum due to me on retirement from the National Health Service (Scotland) on the grounds that I have become incapable of discharging, efficiently the duties of my employment through permanent ill health or infirmity. **A medical certificate (AW8/MED) to that effect is attached (this is a medical certificate for all applications and separate from any other certificate referred to in Part 3).**

I grant permission to the Medical Adviser, acting on behalf of Scottish Ministers, to view all details including evidence from my medical practitioner, my employing authority, my occupational health, any hospital consultant or physician, or any other medical professional I have seen to assist in determining my case.

I understand that I am obliged under the NHS Scheme Regulations to inform SPPA in writing of any continuing or new NHS employment after retirement, or any other employment out with the NHS.

I understand that if I take up re-employment prior to my normal pension age (NPA) my pension may be reduced until that age. Please note NPA in 1995 section is age 60 (55 for special class members), NPA in 2008 section is age 65 and NPA in 2015 scheme is equal to your state pension age (SPA).

I understand that any overpayment of my superannuation benefits due to me not submitting a notification of any re-employment must be repaid by me and will be recovered by SPPA.

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 understand that if I am retiring from the 1995 section I may not be eligible to re-join the 2015 scheme during any re-employment in the NHS after receiving my retirement benefits.

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

Please note if you are a medical or dental practitioner with multiple employments you will need to complete a retirement application form for each employment

Can you please confirm how many application forms you have completed?

Your employers should be contacted if you require further clarification.

Signature

Date

## PERSONAL CHECKLIST

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

### APPLICATION FOR AWARD OF PENSION

Reference No. SB

1. Date the form was sent to employing authority
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, **Please note certificate of Banns (Bahns) are not acceptable.**  
Marriage/civil partnership certificate  Spouse/Partners birth certificate   
Spouse/Partners death certificate  Divorce decree or dissolution or nullity of civil partnership certificate
3. You will be advised of the amount of your retirement benefit by the SPPA. If you change your address before then please let the SPPA know at once. The address is: 7 Tweedside Park, Tweedbank, Galashiels TD1 3TE, or you can telephone 01896 893100 quoting your Superannuation (SB) Reference number.
4. SPPA Payroll will be responsible for the payment of your pension and lump sum.
5. Your pension is 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.

The next stage will be for the SPPA to contact you with our decision within 28 days, following advice received from our appointed medical advisers.

If you have any questions relating to the conduct of the medical process, you should contact us direct at the following address:

**SPPA  
7 Tweedside Park  
Tweedbank  
Galashiels  
TD1 3TE**

**Telephone No: 01896 893 000**



**PART 2 MUST BE COMPLETED BY THE  
EMPLOYING AUTHORITY**

**FAILURE TO COMPLETE ALL PARTS WILL RESULT IN THE APPLICATION BEING  
RETURNED WHICH WILL INCUR DELAYS TO PAYMENT OF THE MEMBERS BENEFITS**

**PART 2 – TO BE COMPLETED BY THE EMPLOYER**

---

## SECTION 1 – 1995 SECTION AND 2015 SCHEME MEMBERS – WHOLE TIME OFFICER ONLY

Inclusive date to which earnings will be paid  
(please include any period of untaken annual leave)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------

Annual rate of salary at date of retiral

£ <input type="text"/>
------------------------

## WHOLE TIME OFFICER

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 (1)	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) (6)
	Cont'	Non cont'	Pay exclude other superannuable payments (OSPs)	OSPs	
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

Are pay and OSPs provisional or final?

P  F

## SECTION 2 – 1995 SECTION AND 2015 SCHEME MEMBERS – PART-TIME OFFICER &amp; BANK WORKERS ONLY

Inclusive date to which earnings will be paid  
(please include any period of untaken annual leave)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

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

<input type="text"/>
----------------------

Annual whole time equivalent rate of salary at date of retiral

£ <input type="text"/>
------------------------

## PART-TIME OFFICER &amp; BANK WORKERS

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

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

Are pay and OSPs provisional or final?

P  F

**SECTION 3 – 2008 SECTION AND 2015 SCHEME MEMBERS – WHOLE TIME OFFICER ONLY**

Inclusive date to which earnings will be paid  
(please include any period of untaken annual leave)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

Earnings details for the 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	03						

Earnings 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	04						

Total pensionable pay for final part year

£
---

Annual rate of salary at date of retiral

£
---

Are pay and OSPs provisional or final?

P  F

## SECTION 4 – 2008 SECTION AND 2015 SCHEME MEMBERS – PART-TIME OFFICER &amp; BANK WORKERS ONLY

Inclusive date to which earnings will be paid  
(please include any period of untaken annual leave)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------

Earnings details for the year prior to the final part year (required for all part time staff)

Day		Month		Year		Total superannuable pay	Actual number of days worked	Non con days	Dates of unpaid leave
3	1	0	3						

Earnings 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	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

£
---

Are pay and OSPs provisional or final?

P  F

**SECTION 5 - FOR WHOLE-TIME AND PART-TIME EMPLOYEES****TO BE COMPLETED BY THE EMPLOYING AUTHORITY**

1. Applicant's National Insurance No:

2. The date of birth shown on Page 1 should be confirmed,  
if necessary by reference to the applicant's birth certificate.  (Please tick if confirmed)

3. If member worked variable hours/sessions, show earnings in last week/month of service. £

Signature  Official Designation

Name (BLOCK LETTERS)

Employing Authority (name and address)

Employing authority code:   (Please also complete on Page 1)

Telephone No:  Ext:

Date:

Please note that members retiring from the NHS 2015 scheme who were previously in the 1995 or 2008 section will have their pension benefits based on both their final salary and career average earnings. For these members please complete earnings details in the section relevant to their previous scheme.

1995 Members – please complete Section 3 if full time or 4 if part time.

2008 Members – please complete Section 5 if full time or 6 if part time

2015 Members

- if the member has previous service in the 1995 scheme, complete Section 3 or 4, as appropriate
- if the member has previous service in the 2008 scheme, complete Section 5 or 6, as appropriate
- if the member only has 2015 service, please complete section 5 or 6, as appropriate

**SECTION 6 - Practitioner only – please complete for all Sections/Schemes****TO BE COMPLETED BY THE EMPLOYING AUTHORITY**

- This form must be sent, together with the appropriate documents, to SPPA 4 months before the last day of service.
- Any amendments arising after submission of this form must be notified immediately.
- Final pensionable remuneration must be notified on form NSR 02 and NSR 06.

Please ensure that the practitioner is aware that they will need to complete one retirement application form for each separate employment they have

Please contact SPPA if you require further clarification on 01896 893 000

1. Particulars of service and pensionable earnings from 1 April of current financial year.

Period to which entry relates	Service Days		Total pensionable earnings for period	Notes
	Contributing	Non-contributing	£      p	

2. Date of termination of employment:

3. The date of birth shown at Part 1, question 4 should be confirmed if necessary, by reference to the applicant's birth certificate.

Date of birth confirmed   
(Please tick if confirmed)

4. Applicant's National Insurance No.

I confirm that the member has retired from all concurrent officer employments.

Signature

Official designation

Name (in BLOCK LETTERS please)

Employing Authority (name and address)

Telephone No:

Ext:

Date:



**TO BE COMPLETED BY THE HR DEPARTMENT****SECTION 7 – DETAILS OF SICK LEAVE, PAID OR UNPAID, DURING THE LAST 5 YEARS OF SERVICE**

This information is required by the Medical Adviser in addition to any other medical information provided by the member or the employer.

Period to which entry relates		Reason for Absence
From	To	

**JOB DESCRIPTION AND DETAILS**

**IMPORTANT** – Please provide full details of the job being undertaken by the member. This application cannot be processed without these details.

This job description must state the nature of the duties, including the physical and intellectual skill requirements and the proportion of time spent on each. You may, alternatively, attach a detailed job description, providing it covers all of the points stated above.

<b>A</b>	Allied Health Professionals / Healthcare Scientists / Scientific and Technical	
		AfC Grade
1	Occupational Therapy	
2	Physiotherapy	
3	Radiography	
4	Pharmacy	
5	Clinical Psychology	
6	Psychotherapy	
7	Arts therapy (e.g. art, music, drama therapy)	
8	Other qualified Allied Health Professionals (e.g. chiropody, podiatry, dietetics, speech and language therapy, complementary therapy)	
9	Other qualified Scientific and Technical or Healthcare Scientist (e.g. haematology, clinical biochemistry, microbiology)	
10	Support to Allied Health Professional (e.g. support worker, therapy helper, therapy assistant or student)	
11	Support to Scientific and Technical or Healthcare Scientists (e.g. technicians, assistants or students)	
<b>B</b>	Medical	
1	Consultant	
2	In Training (e.g. Foundation Y1 & Y2, StRs (incl FTSTAs & LATs), SHOs, SpRs/SpTs/GPRs)	
3	Practitioners – a) Principal, b) Salaried, c) Locum, d) Retainer, e) FCS, f) Registrar	
4	Other (e.g. Staff and Associate Specialists/Non-consultant Career Grade, Staff Grade, Clinical Assistant	
<b>C</b>	Dental	
1	Consultant	
2	In Training (e.g. Foundation Y1 & Y2, StRs (incl FTSTAs & LATs), SHOs, SpRs/SpTs/GPRs)	
3	Practitioners	
4	Other (e.g. Regional dental officer, dental officer, clinical director)	
<b>D</b>	Public Health	
		AfC Grade
1	Public Health / Health Improvement	
<b>E</b>	Commissioning	
		AfC Grade
1	Commissioning managers / support staff	
<b>F</b>	Registered Nurses and Midwives	
		AfC Grade
1	Adult / General	
2	Mental Health	
3	Learning disabilities	
4	Children	
5	Midwives (e.g. Consultant, Specialist Practitioner, Sister/Charge Nurse)	
6	Health Visitors	
7	District / Community	
8	Other Registered Nurses	

<b>G</b>	Nursing or Healthcare Assistants	
		AfC Grade
1	Nursing Auxillary	
2	Nursing Assistant	
3	Healthcare assistant (including Health/Clinical/Nursing Support Worker/Assistant Practitioner)	
<b>H</b>	Social Care	
		AfC Grade
1	Approved social workers/Social workers/Residential social workers	

2 Social Care Managers	
3 Social Care Support Staff	
<b>I Ambulance (Operational)</b>	<b>AfC Grade</b>
1 Emergency Care Practitioner	
2 Community Paramedic	
3 Paramedic	
4 Ambulance Technician	
5 Ambulance Control Staff	
6 Ambulance Managers	
7 Patient Transport Service	
8 Emergency Support Staff (e.g. ambulance drivers, emergency vehicle drivers, emergency support staff)	
<b>J NHS Infrastructure</b>	<b>AfC Grade</b>
1 Admin & Clerical (including Medical Secretary, Ward Clerk, Administrative Assistant, Librarian, Interpreter)	
2 Central Functions/Corporate Services (e.g. HR, Finance, Information Systems, Information Technology)	
3 Ancillary (e.g. housekeeping, cook/catering, porter, domestic staff, home warden, laundry worker, sewing room assistant)	
4 Maintenance (e.g. Gardner/Groundsperson, technician, electrician/fitter, estates/facilities assistant, labourer, plumber, carpenter, bricklayer, painter/decorator, work analyst, chargehand, supervisor, engineer/building officer)	
5 Ambulance maintenance staff	
<b>K General Management</b>	<b>AfC Grade</b>
1 General Management	
2 Other occupational group	

## SECTION 8 - Rehabilitation Details

---

What type and period of rehabilitation has been considered and with what outcome?

If it has not been possible either to consider or implement a type and period of rehabilitation, please provide reasons below

**TO BE COMPLETED BY THE HR DEPARTMENT**

Superannuation number

<input type="text"/>						
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Employees name

<input type="text"/>
----------------------

**HR contact details**

Name

<input type="text"/>
----------------------

Signature

<input type="text"/>
----------------------

Official designation

<input type="text"/>
----------------------

Employing authority  
(name and address)

<input type="text"/>
----------------------

Post code

<input type="text"/>						
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Email

<input type="text"/>
----------------------

Telephone number

<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"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------

## EMPLOYER CHECKLIST

### Payroll

1. Salary details and termination date completed

### HR

1. Sick leave details (including reasons for absence)
2. Full job description
3. Completed job classification number
4. Completed Rehabilitation section in full
5. Completed AW8 / Med Form all sections in full

  
  
  
  

**NB. This form should NOT be returned to SPPA unless this checklist is complete AND all relevant forms and documents are ready to be sent together.**

**Please send completed forms to:**

**SCOTTISH PUBLIC PENSIONS AGENCY (NHS)  
7 Tweedside Park, Tweedbank, Galashiels TD1 3TE**