**Member guidance for completing application form PRAC:RET**

**You should retain these for future reference**

These guidance notes are designed to help you complete your application for retirement. You may also find it helpful to read the [Ready for retirement](https://pensions.gov.scot/nhs/ready-retirement) on the SPPA website prior to completing this.

**Certain sections are only specific to either deferred members (who have left the scheme and have preserved their benefits until normal pension age (NPA) or to those who are applying for premature or partial retirement.**

So that we can pay your benefits on time (if still in NHS employment) you should ensure that you forward the completed application form to your employer (if a Principal Medical or Dental Practitioner this would be Practitioner Services Medical or Dental) **at least four months prior to your retirement date**. This will allow them sufficient time to complete their part of the form and send it to SPPA. If you have preserved benefits, please forward your completed application directly to SPPA. If you supply your email address, we can acknowledge your application by email.

If you are currently employed in the NHS, your employer will confirm your date of birth, from their records. You do **not** need to send a birth certificate with your application.

During the application process, if you call us, you will be given a list of options for who you wish to be transferred to. You should select ‘Practitioners’ until your benefits are calculated and ‘Payroll’ after your pension goes into payment. You should have your superannuation number ready. The checklist attached provides contact details should you need to call us.

Before you retire, we will write to you advising how much your benefits are, when they will be paid

and details about taxation. We will not send you a pension advice note every time a payment is made to you. Your benefits may be subject to revision if your employer sends a change in retirement date, or revised pensionable pay details. Any overpayment that occurs will be recovered from you. In addition, any additional amount payable will be treated as a separate benefit crystallisation event. For further information see the [Taxation section](https://pensions.gov.scot/pensions-taxation) on our website.

The application form refers to the 1995, 2008 sections and the 2015 Scheme.

**1995 section** – for members who joined the scheme before 1 April 2008 and did not elect to join the 2008 section through the Choice exercise. The NPA for the 1995 section is age 60 (55 for

members who hold special class / MHO status).

**2008 section** – for members who joined the scheme on, or after, 1 April 2008 and also those who moved as part of the Choice exercise. The NPA for the 2008 section is 65.

**2015 Scheme** – for members who joined the scheme on or after 1 April 2015 and also those who had tapered or no protection and moved to the Scheme, or moved as part of the Choice 2 exercise. The NPA for 2015 is the same as your state pension age.

If you are still working in the NHS, after completing all relevant details in Part 1, you should forward your application to your employer for completion of Part 2. They will send it to us. For Principal Medical and Dental Practitioners, for the purposes of this form, Practitioner Services Medical or Dental are considered your employer.

**The McCloud judgement – 2015 Remedy**

The UK government has now set out its approach to remedying the age discrimination found in the 2015 pension reforms.

Members eligible for the 2015 Remedy will remain in, or be returned to, their legacy schemes for service between 1 April 2015 and 31 March 2022. Eligible pensioners, who are in receipt of a pension will be given a choice as to which scheme benefits they wish to receive for service during the remedy period and their pension will be amended based on the choice they make.

The 2015 Remedy was implemented on 1 October 2023. Retiring members will be sent a Remediable Service Statement (RSS) to make a choice for the remedy period.

Further information on 2015 Remedy can be found on our website at [www.pensions.gov.scot/2015-remedy](http://www.pensions.gov.scot/2015-remedy)

**PART 1. SECTION 1.**

**Personal details (to be completed in all cases)**

Please complete all fields with the information requested. Your superannuation number will be on any previous correspondence that we have sent you. You should complete the seven digit number only with no prefixes or slashes e.g. 3030300. If, however, you do not know this, please ensure your date of birth and National Insurance number are completed.

**TYPE OF RETIREMENT** – Please select the type of retirement relevant to you.

**Active members (currently contributing to the scheme)**

**Age retirement (AGE)** – you are retiring at or after your Normal Pension Age (NPA)

**1995 section** – if you were a member of the NHSSS(S) prior to 1 April 2008 your NPA is 60

**2008 section** – if you joined the scheme on or after 1 April 2008 your NPA is 65

**2015 Scheme** – if you joined or moved to the 2015 Scheme your NPA will be the same as your State Pension Age

**Voluntary Early Retirement with Actuarial Reduction (VERA)** – you are retiring before your Normal Pension Age. Pension and lump sum benefits are reduced actuarially depending on your age in years and complete months. This reduction is applicable to your pension for the lifetime duration of your pension payments.

**1995 section** – you can retire on voluntary grounds with a reduction in pension benefits if you are over age 50, or 55 if you joined on or after 6 April 2006

**2008 section** – you can retire on voluntary grounds with a reduction in pension benefits if you are over age 55

**2015 Scheme** – you can retire on voluntary grounds with a reduction in pension benefits if you are over age 55

**Premature retirement (PREM)** – you are retiring early and your employer has agreed to pay the cost.

Your employer must certify that your employment has come to an end because of redundancy and agree to pay mandatory compensation. Premature retirement does not apply to all Practitioner employments.

**1995 section** – premature retirement benefits may be payable to you if you are aged 50 or over, you were a member prior to 6 April 2006 and your employer agrees that you may be awarded premature retirement. If you joined the scheme on or after 6 April 2006 the minimum age is 55

**2008 section** – premature retirement benefits may be payable to you if you are aged 55 or over

**2015 Scheme** – premature retirement benefits may be payable to you if you are aged 55 or over

**Partial Retirement for 2008 and 2015 scheme members**

Partial retirement means taking part of your pension benefits, whilst reducing your earnings, in the lead up to retirement. To qualify:

* You must be a member of the 2008 or 2015 section
* have reached the minimum pension age of 55
* elect to receive at least 20% of your benefits in the scheme
* reduce your pensionable earnings by 10% for a period of the 12 months before the partial retirement election. The reduction in pensionable earnings must remain in place for a period of 12 months following partial retirement. The 10% reduction in pensionable earnings will apply to all of your NHS pensionable employments.

Example: if your total earnings in three part time posts is £20,000, you would have to reduce your total earnings for the next 12 months by £20,000/100x10 = £2,000

**Partial retirement for 1995 scheme members**

From **1 October 2023**, members of the 1995 scheme will be eligible for partial retirement. If you plan to retire before this date, you will not be eligible for partial retirement.

You will be able to take between 20% and 100% of all your pension benefits from age 55. This will be in one or two drawdown payments, without having to leave your current job.

If you have a protected minimum pension age of 50, you can also claim pension benefits without leaving their job. To do this between the ages of 50 and 55, members will need to take 100% of their pension benefits.

After receiving your 1995 scheme benefits through partial retirement, you can continue to build up pension in the 2015 scheme.

You can carry on working after taking partial retirement. However, you must reduce your pensionable pay by 10% for a period of 12 months. GPs, non-GP providers, and dental practitioners need to reduce NHS commitments by 10%.

**Deferred member (you have preserved your benefits in the scheme) - Age retirement (AGE)**

**1995 section** – deferred members of the 1995 section can normally claim their preserved

benefits from age 60 providing they are not in NHS employment in the UK at that time

**2008 section** – deferred members of the 2008 section can claim their preserved benefits from age 65 providing they are not in NHS employment in the UK at that time

**2015 Scheme** – deferred members of the 2015 Scheme can claim their preserved benefits from NPA, which is the same as their State Pension Age

If you have recently left the scheme, within 18 months for our Principal Medical Practitioner members or 12 months for everyone else, then you should ensure you also send a copy of this form to your previous employer so we can capture the relevant earnings needed.

**Voluntary Early Retirement with Actuarial Reduction (VERA)**

**1995 section** – if you ceased contributing to the scheme on or after 31 March 2000, you can claim your preserved benefits early from age 50. If you stopped contributing to the Scheme prior to 31 March 2000 or joined on or after 6 April 2006, you can claim your preserved benefits early from age 55.

**2008 section** – you can claim your benefits early from age 55

**2015 Scheme** – you can claim your benefits early from age 55

If you have, or are applying for NHS Injury benefits, you must notify us. If you do not advise us and an overpayment occurs, we will seek recovery in full.

**SECTION 2. Bank or Building Society details**

If you have any difficulties completing this section, please contact your bank or building society who will be able to assist you. We will pay your retirement benefits into the account that you request here. Payment is made monthly in arrears.

The required details can be found on your bank card or statement and you must ensure that the correct sort code, account number and/or Building Society roll number are completed. Incorrect entries may result in delayed payments. Pension payments are made on the last banking day of each month and these are paid directly into your nominated bank account.

Payment is made monthly in arrears and you will receive 1/12th of the annual amount to the nearest penny. If your pension starts part way through the month, your first payment will be a proportion of one month’s payment. If we are in receipt of all the relevant information on time, lump sum payments (if applicable) will normally be paid into your nominated bank account within one month of your date of retirement.

If your bank account is out with the UK, please indicate the country your bank is based in and you will be issued with the appropriate Transcontinental Automated Payment Service (TAPS) form.

If any of your personal or bank details change, please notify us immediately as a delay may result in late payment of your benefits.

**SECTION 3. Details of spouse/civil partner/ surviving partner**

All fields within this section should be completed as appropriate to your circumstances. This information will assist in dealing with any benefits payable in the event of your death. Certificates are not required at this stage, we will ask for copies when death benefits are claimed.

Under the NHS Regulations 1995 (amended), if you are not married or in a civil partnership, benefits may also be payable to a surviving partner. To be eligible, the member must have accrued service post 1 April 2008. The benefits will be paid to the surviving partner, provided that at the date of death the member and partner were:

* living together in an exclusive committed long term relationship of at least 2 years;
* free to marry or enter a civil partnership and;
* financially interdependent

**SECTION 4. Lump sum choice**

This means commuting part of your pension in exchange for a tax-free lump sum or to increase your lump sum.

All members of the scheme, who were in service on 1 April 2008, have the option to commute part of their pension to increase their tax-free lump sum. Members who joined the scheme on or after 1 April 2008 have the option to commute part of their pension to obtain a tax-free lump sum. If your benefits were preserved prior to 1 April 2008 the option to increase your tax-free lump sum is not available. To increase the tax-free lump sum or to obtain a tax-free lump sum, there will be a reduction in your annual pension. You will need to give up £1 of annual pension for every £12 received as a lump sum. However, there is a maximum lump sum that can be taken, as allowed by HM Revenue and Customs, of 25% of the fund value. How this is calculated is shown below.

**1995 section** – if you were a member of the scheme before 1 April 2008 and were in service on that date, the formula for calculating the maximum amount of lump sum benefits that can be paid is as follows:

pension x 20) + (lump sum x 20/12)

4.6667

You may choose to take an additional lump sum up to the maximum. Please note that you cannot give up any part of your normal lump sum to increase your pension.

**2008 section or 2015 Scheme** – if you joined the scheme on or after 1 April 2008, there is no automatic entitlement to a lump sum. The formula for calculating the maximum amount of lump sum is as follows:

(pension x 20)

4.6667

You may choose to take a lump sum of any amount up to the maximum. If you wish to investigate how commutation of pension would affect your retirement benefits, please use the pension’s modeller available on the SPPA website. Please note that the modeller only calculates 1995 section benefits.

This should only be used for illustrative purposes and does not give guaranteed figures. SPPA can provide a quotation if the further information box is ticked.

**Once you have made this decision any changes thereafter will normally incur an administrative charge and may result in delay of payment. Details of charges are available on our website. You cannot amend or revoke your lump sum choice once pension benefits are in payment.**

**SECTION 5. Additional Voluntary Contributions or Free Standing AVCsP**

When we calculate your benefits we will send you a Benefit Crystallisation Certificate with your awarding letter. You must send a copy of this to your other provider(s).

**SECTION 6. Taxation**

Further information about the Lifetime Allowance and other tax issues are available on [our website](https://pensions.gov.scot/pensions-taxation). If you are affected by these issues you may wish to look at HMRC website [www.hmrc.gov.uk](http://www.hmrc.gov.uk)

Following the UK budget announcement annual pensionable benefits will no longer be restricted by Lifetime allowance limits. However members are still capped on the maximum lump sum available to them. This stands at £268,275.00, unless a valid HMRC protection certificate is provided. Please see the above link for up to date information.

**SECTION 7. Lump sum recycling**

Please see [HMRCs website](http://www.hmrc.gov.uk/) for restrictions around recycling of lump sums.

**SECTION 8. Continuing employment or re-employment in the NHS**

This section is relevant to all members who are continuing employment or are intending to become

re-employed in the NHS. Should you become re-employed (in any capacity) you must notify us immediately as failure to do so may result in an overpayment of benefits.

**SECTION 9. Deferred members only**

This section is for completion by members who have their benefits preserved in the pension scheme.

The NPA is 60 for members of the 1995 section, 65 for members of the 2008 section and State Pension Age for members of the 2015 scheme. Your preserved pension will be put into payment from your NPA if your application is submitted to us within the required timescale.

This section is for completion by members who have their benefits preserved in the pension scheme. The NPA is 60 for members of the 1995 section, 65 for members of the 2008 section and State Pension Age for members of the 2015 scheme. Your preserved pension will be put into payment from your NPA if your application is submitted to us within the required timescale.

Late applications will be back dated to NPA except for members who contact SPPA to defer payment. They will receive their benefits from their chosen date.

**SECTION 10. Declaration**

You should ensure that you have completed all relevant parts of the application before signing and dating the declaration. If the declaration is not signed and dated this will result in the application being returned to you and may cause a delay in the payment of your benefits.

You will be advised of the amount of your retirement benefits when your application has been processed.

Please advise us immediately if you change your address or bank before you retire.

The address is:

Scottish Public Pensions Agency

7 Tweedside Park

Tweedbank

Galashiels

TD1 3TE

You can telephone 01896 893 000

You should have your Superannuation (SB)reference number ready.

SPPA Payroll will be responsible for the payment of your pension and lump sum. If you have any enquiries about payment of your pension benefits after retiral, please telephone 01896 893 000 and ask for “NHS Payroll”.

The annual pension part of your retirement award is assessed as earned income for tax purposes.

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

An advice note will be sent when there 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.

|  |
| --- |
| **NHS Pensions Schemes Scotland**  |
| **PRACTITIONERS - APPLICATION FOR RETIREMENT BENEFITS** |
| **(Age, Premature (PREM), Partial Retirement, Voluntary Early Retirement with Actuarial Reduction (VERA) and Preserved)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Superannuation Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date pension to be paid from** |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Type of retirement** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Active Member:** | **AGE** |  |  | **VERA** |  |  | **PREM** |  | **PARTIAL\*** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | \*1995 Scheme members can apply for partial retirement if their retirement date is on or after 1 October 2023 |
| **Deferred member:** | **AGE** |  |  | **VERA** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Please confirm below which benefits, and from what sections/schemes (tick those that are applicable) you would like to claim now. Please leave blank, any options not applicable to you.If any section which is applicable to you is left blank it will be assumed that you do not wish to claim the pension for that respective section/scheme. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  1995 section (NPA 60) OR NPA 55 if MHO/SCM status  | **Yes** |  | **No** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 2008 section (NPA 65)  | **Yes** |  | **No** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 2015 (CARE) scheme (NPA state pension age)  | **Yes** |  | **No** |  |  |
|  |  |  |  |  |  |
| I confirm that I understand if I choose to take my pension before the normal pension age (NPA) for the section/scheme specified, that it will be subject to actuarial reduction. |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Please note that from 1 April 2022 all active members of the NHS Pension Scheme are now members of the 2022 CARE Scheme.You can find out more about this on our websites [Remedy section](https://pensions.gov.scot/2015-remedy). |

|  |
| --- |
| **PART 1 – TO BE COMPLETED BY THE MEMBER** |
| **SECTION 1 - PERSONAL DETAILS** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname |   |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Former surname(s)  |  |  |
| (If applicable) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Forename(s) |  |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Title | Dr |  | Mr |  | Mrs |  | Miss |  | Ms |  | Other |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| National Insurance number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Contact Address |  |  |
|  |  |  |
|   |   |  |
|  | Post Code |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Home Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Home Email |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Work Email (if applicable) |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| What is your current job title and grade? |  |  |
| (if you are a deferred member with preserved benefits, give last job before leaving the scheme) |  |
|  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| On what date do you expect your employment to end? **(if deferred, give the approximate date you left the scheme)** |  |  | **/** |  |  | **/** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Have you applied for, or are you in receipt of any NHS Injury Benefits?  |  |  |  |  | Yes |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If you have indicated on the front page that you are applying for Partial retirement, please give the date your contract will change |  |  | **/** |  |  | **/** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If applying for Partial retirement, you can take a minimum of 20% of your benefits. Please state the percentage you would like to take now  |  | % |  |
|  |  |  |  |  |
| For further information on the conditions for Partial retirement, please refer to the guidance notes |

|  |
| --- |
| **SECTION 2 - BANK DETAILS** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of account holder |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Bank/Building Society |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Branch |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Branch Address |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Post Code |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bank 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 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 |  |  | Date |  |  | **/** |  |  | **/** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Civil Partnership |  |  | Date |  |  | **/** |  |  | **/** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Partner (Cohabitating)\* |  |  |  Date\*\* |  |  | **/** |  |  | **/** |  |  |  |  |  |
| \*Only applicable if you were a member of the scheme after 1 April 2008 |
| \*\*Date cohabitation started |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Single |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Widowed |  |  | Date |  |  | **/** |  |  | **/** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Divorced |  |  | Date |  |  | **/** |  |  | **/** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dissolution or nullity of civil partnership |  |  | Date |  |  | **/** |  |  | **/** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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 |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 – LUMP SUM CHOICE (PENSION COMMUTATION)** |
| Please read Section 4 of the guidance notes carefully before making your choice |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **An administrative charge will apply if you change your lump sum choice prior to receiving any of your benefits. Details of this charge can be found on our website:** [**www.pensions.gov.scot/charges**](http://www.pensions.gov.scot/charges) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Your lump sum choice election cannot be revoked or changed after you are retired and in receipt of any of your benefits. So please ensure you tick “YES” if you require the biggest lump sum allowed |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1. If you are a member of the scheme prior to 1 April 2008 and have pensionable service on or after this date:**You will automatically receive a lump sum of three times your pension. You have the option to increase your lump sum by giving up part of your annual pension. **Do you wish to do this?** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Yes |  |  | No |  |  | Further information required  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **If yes, please indicate how much of your annual pension you wish to give up, you can specify the amount per year that you wish to give up or you can give up the maximum allowed. (Restrictions to the amount of tax****free lump sum you may commute will depend on HM Revenue & Customs taxation restrictions)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Max Allowed (please tick) |  |  | Specific amount (enter amount) |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2. If you are a member of the scheme joining on or after 1 April 2008 with no pensionable service prior to this date:**You will not automatically receive a lump sum but have the option to take a lump sum by giving up part of your annual pension. **Do you wish to do this?** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Yes |  |  | No |  |  | Further information required  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **If yes, please indicate how much of your annual pension you wish to give up, you can specify the amount per year that you wish to give up or you can give up the maximum allowed. (Restrictions to the amount of tax****free lump sum you may commute will depend on HM Revenue & Customs taxation restrictions)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Max Allowed (please tick) |  |  | Specific amount (enter amount) |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3. If you are a member of the NHS 2015 Scheme joining on or after 1 April 2015:**You will not automatically receive a lump sum but have the option to take a lump sum by giving up part of your annual pension. **Do you wish to do this?** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Yes |  |  | No |  |  | Further information required  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **If yes, please indicate how much of your annual pension you wish to give up, you can specify the amount per year that you wish to give up or you can give up the maximum allowed. (Restrictions to the amount of tax****free lump sum you may commute will depend on HM Revenue & Customs taxation restrictions)** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Max Allowed (please tick) |  |  | Specific amount (enter amount) |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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/Utmost Life? | Yes |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If you have ticked ‘Yes’ above, we will contact your 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 you will receive with details of your retirement benefits |

|  |
| --- |
| **SECTION 6 – 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? | Yes |  |  |  |  |  |
|  |  |  |  |  |  |  |
| No |  |  |  |  |  |
| 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 7 – 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 8 – CONTINUING EMPLOYMENT OR RE-EMPLOYMENT IN THE NHS** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Before completing this section, please read the [“I’m retired” section](https://pensions.gov.scot/nhs/im-retired) of the SPPA websiteIf you do not know this, then you must notify us as soon as the details are known. If you intend to return to employment on the basis of "Retire and Return", this must be done through your employer. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Do you intend to: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Continue working in your current position for NHS Scotland |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Take employment with NHS England, Northern Ireland or Wales? |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Your employers details, please provide the following: (If this is not currently known, you must provide the 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 9 – FOR DEFERRED MEMBERS, WITH PRESERVED PENSIONS, ONLY** |
|  |
| 1. Have you now ceased all NHS employment in the UK?  | Yes |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If ‘No’ when will your NHS employment terminate? |  |  | **/** |  |  | **/** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Please state the approximate periods which you were employed in NHS Scotland and indicate whether or not these employments were superannuable: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date (enter in DD/MM/YY format) |  | Superannuable |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Yes |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Yes |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Yes |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Yes |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Yes |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If you are claiming your preserved benefits before normal pension age on grounds of Voluntary Early Retirement with Actuarial Reduction (VERA) please state from which date you would like your NHS Scotland pension to be payable from: |  |  | **/** |  |  | **/** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **SECTION 10 – DECLARATION – TICK ALL THAT APPLY** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I hereby apply for retirement benefits under the NHS Pension scheme Regulations and that: |  |
| I confirm that I have retired from all NHS employments except those specified in Section 8. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I understand that, if I am a member of the 1995 section, I may not be eligible to re-join the scheme during any re-employment in the NHS after receiving my retirement benefits. |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I understand that, if I am a member of the 2008 section and have applied for Partial retirement, I will have reduced my reckonable earnings by at least 10% for at least 12 months. I also understand that I am obliged under the NHS Regulations to inform SPPA of any increase in reckonable earnings, which affects the above reduction of less than 10%. |  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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. |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I understand that any overpayment of my superannuation benefits will be recovered by SPPA and must be repaid by me. |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I understand that the maximum lump sum across all schemes available to me is £268,275.00. Unless I have a protection certificate, and have provided evidence of this. |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I confirm that details given about my lump sum amounts already taken 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, as an NHS employee with multiple employments **I will complete a retirement application form for each active employment**. |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Please confirm how many application forms you have completed  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **I declare that the statements made by me on this form are true to the best of my knowledge and belief. I have included all the relevant certificates and supporting documentation** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signed |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Deferred member** |
| If you are deferred member, with preserved benefits, please submit the application directly to the SPPA with a **copy** of your birth certificate. Copies of certificates will not be returned |
| **Active NHS member** |
| If you are still in NHS employment, please forward the application to your employer directly as soon as possible. For Principal Medical and Dental Practitioners your ‘employer’ will be Practitioner Services Medical or Dental respectively. Do **not** send it to SPPA as your pensionable pay details are required in part 2 of the form.  |

|  |
| --- |
| **Please supply a copy of your birth certificate with this application form.****Copies will not be returned** |

|  |
| --- |
| **PART 2 – PAY DETAILS**  |
| Part 2 Section 2A should be completed by the organisation completing the pay details who will, for the purposes of this application, be referred to as the ‘**employer’** and forwarded to SPPA with Part 1, **at least 4 months before** the applicant’s last day of service. Delay in submission of this application may result in late payment of benefits |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Any amendments arising after the submission of this form should be notified to SPPA immediately |

|  |
| --- |
| **PART 2 – TO BE COMPLETED BY THE ’EMPLOYER’** |
| **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 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Please ensure you complete the relevant sections as shown below:** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| For Principal Medical & Dental Practitioners – please complete section 2A & 2B |
| For all other Practitioner employments and any officer employments please complete a separate form if Sections 2A & 2B have been completed |
| For 1995 Members – please complete Section 2C if full time or 2D if part time |
| For 2008 Members – please complete Section 2E if full time or 2F if part time |
| For 2015 Members |
| If the member has previous service in the 1995 section, complete Section 2C or 2D, as appropriate |
| If the member has previous service in the 2008 section, complete Section 2E or 2F, 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 – PRACTITIONER MEMBERS ONLY – PLEASE COMPLETE FOR ALL SECTIONS/SCHEMES** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Period to which entry relates | Total pensionable earnings for period | Notes |
| Annual return |  |  |  |
| Annual return |  |  |  |
| Final Part Year |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Inclusive date to which earnings will be paid |  |  | **/** |  |  | **/** |  |  |  |  |  |

|  |
| --- |
| **Section 2B – “EMPLOYER” 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 |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Please return the complete application form to** **SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE** |

|  |
| --- |
| **Section 2C – 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)  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Annual rate of salary at date of retiral |  |  |  |  | £ |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **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 | 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 |  |  |  |  |  |  |
| 2nd year |  |  |  |  |  |  |
| 3rd year |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Total annual pensionable pay (4) + (5) | Final year | 2nd year | 3rd year |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Are pay and OSPs provisional or final? | P |  | F |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Please complete the declaration at Section 2G** |

|  |
| --- |
| **Section 2D – 1995 SECTION AND 2015 SCHEME MEMBERS – PART-TIME OFFICER & BANK WORKERS ONLY** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inclusive date to which earnings will be paid |  |  | **/** |  |  | **/** |  |  |  |  |  |
| (Please include any period of untaken annual leave)  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Part-time officer – part time fraction for contracted hours i.e. 20/37.5** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Annual whole time equivalent rate of salary at date of retiral |  | £ |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **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 |  |  |  |  |  |  |  |  |  |
| 2nd year |  |  |  |  |  |  |  |  |  |
| 3rd year |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Final year | 2nd year | 3rd year |
| Total annual pensionable pay (4) + (5) |  |  |  |
| Domiciliary Consultation fees |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Are pay and OSPs provisional or final? | P |  | F |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Please complete the declaration at Section 2G** |

|  |
| --- |
| **Section 2E – 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) |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 |  | £ |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Are pay and OSPs provisional or final? | P |  | F |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Please complete the declaration at Section 2G** |

|  |
| --- |
| **Section 2F – 2008 SECTION AND 2015 SCHEME MEMBERS – PART TIME OFFICER & BANK WORKERS ONLY** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inclusive date to which earnings will be paid |  |  | **/** |  |  | **/** |  |  |  |  |  |
| (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) | 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 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Please complete the declaration at Section 2G** |

|  |
| --- |
| **Section 2G – EMPLOYER 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 |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Please return the completed application form to:****Post:** SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE**Email:** 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
* 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 the 12 months prior to the reduction taking place (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 |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Please return the complete application form to** **SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE** |

|  |
| --- |
| **Section 4 – CERTIFICATION RELATING TO PREMATURE RETIREMENT** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PREMATURE RETIREMENT or REDUNDANCY |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I certify that |  | will be |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| prematurely retired because of redundancy or organisational change |  | (tick as appropriate) |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| prematurely retired in the interest of efficiency of the service |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Please return the complete application form to** **SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE** |