

NHS Pension Schemes Scotland

Application for SB115

SECTION 1 - PERSONAL DETAILS

Superannuation number

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Surname

Former surname(s)
(If applicable)

Forename(s)

Title

Dr Mr Mrs Miss Ms Other

Date of birth

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National Insurance number

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Contact Address

Post Code

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Home Number

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Mobile Number

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Home Email

Work Email (if applicable)

SECTION 2 - CURRENT EMPLOYMENT DETAILS

Name of current employer

Date employment commenced

 / /

Job Title

Is this post full time or part time?

Contact address of current employer

Post Code

SECTION 3 - PREVIOUS EMPLOYMENT WHERE CONTRIBUTIONS WERE PAID

Name of previous employer

Date of leaving employment

 / /

If you never left this post, is it full or part time?

Full time

Part time

Job Title

Contact address of previous employer

Post Code

Signed

Dated

Once completed, please return this form to your employer.

Employers Notes

- Employers should send the completed SB115 on behalf of the employee by post to: SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE or by email to: sppacontactus@gov.scot
- Employers please note that this form should be completed and sent to SPPA within 3 months of the employee commencing their post.