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| **NHS:RET REVISION FORM – TO BE COMPLETED** **BY THE EMPLOYING AUTHORITY**  |
| This Revision form should only be used if there is a change to final figures. This should be completed by the employer and forwarded to SPPA, no later than 4 months after the applicant’s last day of service. Delay in submission of this application may result in a delayed payment of additional pensionable benefits. Any amendments arising after the submission of this form should be notified to SPPA immediately. |

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| **SECTION 1 – EMPLOYEE DETAILS – Please complete this section to confirm applicants identity** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Superannuation Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname |   |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Forename(s) |  |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inclusive date to which earnings will be paid |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Retirement category |  Age |  |  VERA |  |  Partial |  |  Prem |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is Employee any of the following:  | Special Class |  |  MHO |  |  Neither |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is the Employee: |  AfC staff |  | Medical/Dental staff |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Please ensure you complete the relevant sections as shown below:** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| For 1995 Members – please complete Section 2A if whole time or 2B if part time or bank worker |
| For 2008 Members – please complete Section 2C if whole time or 2D if part time or bank worker |
| For 2015 Members: |
| If the member has previous service in the 1995 section, complete Section 2A or 2B, as appropriate |
| If the member has previous service in the 2008 section, complete Section 2C or 2D, as appropriate |
| If the member only has 2015 Scheme, please complete Section 2C or 2D, as appropriate |
| If the applicant is applying for partial retirement, please complete Section 3. |
| If the applicant is retiring on premature grounds, please complete Section 4.  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Section 2A – 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 |
|  |  |  |

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

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

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| **Section 2B – 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 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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| **Section 2C – 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 |  | £ |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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

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| **Section 2D – 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) | Actual number of Days Worked | Non con days | Dates of unpaid leave | Annual whole time equivalent pensionable pay |
| **0** | **1** | **0** | **4** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total pensionable pay for final part year |  | £ |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Domiciliary Consultation fees paid to an officer over the last 365 days |  | £ |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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

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| **Section 2E – EMPLOYER DECLARATION** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| To the best of my knowledge all information given in this form is correct and signed and dated by the member |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Official designation |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name (in BLOCK LETTERS please) |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employing authority |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | Post Code |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email address |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Please return the completed application form to:****Post:** SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE**Email:** sppanhsretapp@gov.scot |

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| **Section 3 – PARTIAL RETIREMENT CERTIFICATE BY EMPLOYER** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I certify that the particulars given previously are correct and confirm that the member:* has reduced their pensionable pay by at least 10% (or reduced their commitment by 10% for GPs, dental practitioners, ophthalmic practitioners, or non-GP providers)
* has changed the terms of their employment (not applicable for GPs dental practitioners, ophthalmic practitioners, or non-GP providers)
* expects the new level of pay to be in place for at least 12 months from the payable date (not applicable for GPs, dental practitioners, ophthalmic practitioners, or non-GP providers)
* is aware of the option to only claim legacy scheme benefits (1995/2008 Section) for membership up to 31 March 2015
 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Official designation |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name (in BLOCK LETTERS please) |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employer name |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employer address |  |  |
|  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | Post Code |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone number |  |  |
|  |  |  |
| Email address |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |  |
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| **Please return the completed application form to:****Post:** SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE**Email:** sppanhsretapp@gov.scot |

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| **Section 4 – CERTIFICATION RELATING TO PREMATURE RETIREMENT** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PREMATURE RETIREMENT or REDUNDANCY |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I certify that |  | will be |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| prematurely retired because of redundancy or organisational change |  | (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 |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |  |
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