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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** | | | | | | | | | | | | | | | | | | | | | | | |
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| Superannuation Number | | | | | |  |  |  |  | |  | |  | |  |  | |  |  |  |  |  |  |
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| Surname | | | | | |  | | | | | | | | | | | | | | | | |  |
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| Forename(s) | | | | | |  | | | | | | | | | | | | | | | | |  |
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| Date of birth | | | | | |  |  | **/** |  | | |  | | **/** |  |  |  | |  |  |  |  |  |
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| Inclusive date to which earnings will be paid | | | | | |  |  | **/** |  | | |  | | **/** |  |  |  | |  |  |  |  |  |
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| Retirement category | | | | | | Age | |  | VERA | | | |  | | Partial | |  | | Prem | |  |  |  |
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| Is Employee any of the following: | | | | | | Special Class | | |  | | MHO | | | | |  | Neither | | | |  |  |  |
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| Is the Employee: | | | | | | AfC staff | | | | |  | | Medical/Dental staff | | | | | |  |  |  |  |  |
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| **Please ensure you complete the relevant sections as shown below:** | | | | | | | | | | | | | | | | | | | |
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| 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** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Inclusive date to which earnings will be paid | | | | | | | | | | | |  | |  | **/** |  | |  | **/** |  |  | |  |  |  |
| (Please include any period of untaken annual leave) | | | | | | | | | | | | | | |  |  | |  |  |  |  | |  |  |  |
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| Annual rate of salary at date of retiral | | | | | | | | | | | |  | |  |  |  | | £ | | | | | | |  |
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| **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 | |  | | | | |  | | |  | | |  | | | |  | | | | |  | | | |

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| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Inclusive date to which earnings will be paid | | | | | | | | | | | | |  |  | **/** | |  |  | | **/** |  | |  |  | |  |  |
| (Please include any period of untaken annual leave) | | | | | | | | | | | | | | |  | |  |  | |  |  | |  |  | |  |  |
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| **Part-time officer – part time fraction for contracted hours i.e. 20/37.5** | | | | | | | | | | | | | | | | |  |  | | | | | | | | |  |
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| Annual whole time equivalent rate of salary at date of retiral | | | | | | | | | | | | | | | | |  | £ | | | | | | | | |  |
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| **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 | |  | | | |  | | |  | | |  | |  | |  | | |  | | |  | | |  | | |

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

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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 2C – 2008 SECTION AND 2015 SCHEME MEMBERS – WHOLE TIME OFFICER ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Inclusive date to which earnings will be paid | | | | | | | | | | | | | | |  |  | | **/** |  |  | | **/** |  |  | |  |  |  |
| (Please include any period of untaken annual leave) | | | | | | | | | | | | | | | | | |  |  |  | |  |  |  | |  |  |  |
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| 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** | |  | |  | |  | | | | | |  | | | |  | | | |  | | | |

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| 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** |  |  |  | | | | | |  | | |  | | |  | | | |
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| Total pensionable pay for final part year | | | | | | | | | | | | | |  | £ | | | | | |  |
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| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Inclusive date to which earnings will be paid | | | | | | | | | | | | | | |  |  | | **/** |  |  | | **/** |  |  | |  |  |  |
| (Please include any period of untaken annual leave) | | | | | | | | | | | | | | | | | |  |  |  | |  |  |  | |  |  |  |
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| 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** | |  | |  | |  | | | | | |  | | | |  | | | |  | | | |

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| 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** |  |  |  | | | | |  | | | |  | |  | | |  | | | |
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| Total pensionable pay for final part year | | | | | | | | | | | | | | | |  | £ | | | | | |  |
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| 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** | | | | | | | | | | | | | | | | | | | |
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| To the best of my knowledge all information given in this form is correct and signed and dated by the member | | | | | | | | | | | | | | | | | | | |
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| Official designation | | | | |  | | | | | | | | | | | | | |  |
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| Name (in BLOCK LETTERS please) | | | | |  | | | | | | | | | | | | | |  |
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| Employing authority | | | | |  | | | | | | | | | | | | | |  |
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| **Please return the completed application form to:**  **Post:** SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE  **Email:** [sppanhsretapp@gov.scot](mailto:sppanhsretapp@gov.scot) |

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| **Section 3 – PARTIAL RETIREMENT CERTIFICATE BY EMPLOYER** | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | |
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| Signature | | | | |  | | | | | | | | | | | | | |  |
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| Official designation | | | | |  | | | | | | | | | | | | | |  |
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| Name (in BLOCK LETTERS please) | | | | |  | | | | | | | | | | | | | |  |
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| Employer name | | | | |  | | | | | | | | | | | | | |  |
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| Employer address | | | | |  | | | | | | | | | | | | | |  |
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| Telephone number | | | | |  | | | | | | | | | | | | | |  |
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| Email address | | | | |  | | | | | | | | | | | | | |  |
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| 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](mailto:sppanhsretapp@gov.scot) |

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| **Section 4 – CERTIFICATION RELATING TO PREMATURE RETIREMENT** | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PREMATURE RETIREMENT or REDUNDANCY | | | | | | | | | | | | | | | | | | | |
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| I certify that | | |  | | | | | | | | | | | | will be | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| prematurely retired because of redundancy or organisational change | | | | | | | | | | | | |  | (tick as appropriate) | | | | |  |
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| prematurely retired in the interest of efficiency of the service | | | | | | | | | | | | |  |  |
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| from the post of | | | |  | | | | | | | | | as a result, this officers | | | | | |  |
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| 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 | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | |
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| Employing authority name | | | | |  | | | | | | | | | | | | | |  |
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| Employing authority address | | | | |  | | | | | | | | | | | | | |  |
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| Name of Senior Officer | | | | |  | | | | | | | | | | | | | |  |
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| Signature | | | | |  | | | | | | | | | | | | | |  |
|  | | | | |  | | | | | | | | | | | | | |  |
| Official designation | | | | |  | | | | | | | | | | | | | |  |
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| Telephone number | | | | |  | | | | | | | | | | | | | |  |
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| 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](mailto:sppanhsretapp@gov.scot) |