**Member guidance for completing application form NHS: (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) section of the SPPA website ([www.pensions.gov.scot](http://www.pensions.gov.scot)) 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** **at least six 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. Please supply your **personal email address**; we will acknowledge your application by email.

During the application process, we will contact you for any further information required. You will be updated by email as your application is processed. If you have already received a notification from SPPA about your retirement there is no need to contact us for further updates.

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 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

**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 members, 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.

Further information on 2015 Remedy can be found on our website at <https://pensions.gov.scot/nhs/nhs-remedy-hub>

**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, unless you are Special Class or MHO, where your NPA is 55.
* **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 ended because of redundancy and agree to pay mandatory compensation.

* **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**

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

* Be in active NHS employment
* 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 12 months after the partial retirement election. The 10% reduction in pensionable earnings will apply to all of your NHS pensionable employments.

There is further information on our website about [Partial Retirement](https://pensions.gov.scot/nhs/ready-retirement/partial-retirement), including a calculator.

**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

**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, or 55 if you joined on or after 6 April 2006
* **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 and you should ensure that all relevant fields are completed accurately. The details required can be found on your bank card or statement and you should ensure that the correct sort code, account number and/or Building Society roll number are entered. If any of these details are wrong, this may result in payments being delayed.

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. However, the first payment may be a proportion of one month’s payment if your pension started part way through the month. 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 we will issue you 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 to be presented at this stage but copies will be asked for 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 reducing 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 or after 1 April 2008 have the option to reduce 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.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 commute 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.

**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 AVCs**

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**

You can navigate to [Pensions Taxation](https://pensions.gov.scot/pensions-taxation/annual-allowance) on our website for further information about the Lifetime Allowance and other tax issues. 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 [HMRC’s 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. Partial retirement only**

This section is relevant to members who are applying for partial retirement. This differs to retire and return which requires a 24 hour break from employment. Though no reduction to your earnings is required when doing retire and return.

You do not need to complete this section if you are already in receipt of partial retirement benefits and are now applying for your full retirement benefits.

**SECTION 10. 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. Members who defer payment of their preserved benefits will receive their benefits at their chosen

date, index linked to the point of payment. Benefits will be backdated to NPA unless you have previously informed the SPPA that you wished to defer taking your benefits.

**SECTION 11. 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.

**Personal Checklist**

You should note the date that you sent your application to your employer for completion of their part. Or, if you have preserved benefits, the date your sent this form to the SPPA. You will be advised of the amount of your retirement benefits when your application has been processed.

Please advise us **immediately** after completing this form if you change your address or bank before you retire or you have any enquiries about payment of your pension benefits after retirement. You can do this by contacting us:

**Online:** <https://pensions.gov.scot/contact-us>

**Telephone:** 01896 893000.

**Post:** SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE

**Tax**

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.

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| **NHS Pension Schemes Scotland**  |
| **Application for Retirement Benefits** |
| **(Age, Premature (PREM), Partial Retirement, Voluntary Early Retirement with Actuarial Reduction (VERA) and Preserved)** |

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| **Superannuation Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Date pension to be paid from** |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |
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| **Type of retirement** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Active Member:** | **AGE** |  |  | **VERA** |  |  | **PREM** |  | **PARTIAL** |  |  |
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| **Deferred member:** | **AGE** |  |  | **VERA** |  |  |
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| 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** |  |  |
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| 2008 section (NPA 65)  | **Yes** |  | **No** |  |  |
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| 2015 (CARE) scheme (NPA state pension age)  | **Yes** |  | **No** |  |  |
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| 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. |  |  |
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| 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 at: <https://pensions.gov.scot/nhs/nhs-remedy-hub> |

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| **PART 1 – TO BE COMPLETED BY THE MEMBER** |
| **SECTION 1 - PERSONAL DETAILS** |
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| Surname |   |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Former surname(s)  |  |  |
| (If applicable) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Forename(s) |  |   |
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| Title | Dr |  | Mr |  | Mrs |  | Miss |  | Ms |  | Other |  |  |
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| Date of birth |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |
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| National Insurance number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Contact Address |  |  |
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|  | Post Code |  |  |  |  |  |  |  |  |
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| Home Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Mobile Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Home Email |  |  |
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| Work Email (if applicable) |  |  |
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| What is your current job title and grade? |  |  |
| (if you are a deferred member with preserved benefits, give last job before leaving the scheme) |  |
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| On what date do you expect your employment to end? (if deferred, give the approximate date you left the scheme) |  |  | **/** |  |  | **/** |  |  |  |  |  |
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| Have you applied for, or are you in receipt of any NHS Injury Benefits?  |  |  |  |  | Yes |  | No |  |  |
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| **SECTION 2 - BANK DETAILS** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of account holder as it appears on your account |  |  |
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| Name of Bank/Building Society |  |  |
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| Branch |  |  |
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| Branch Address |  |  |
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|  |  | Post Code |  |  |  |  |  |  |  |  |
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| Bank sort code |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Account Number |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Building society roll number |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Bank Account type | Current Account |  |  |  | Deposit Account |  |  |
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| If your bank is outside the UK, please indicate which country your pension will be paid to: |
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| SPPA will issue the appropriate overseas form to you for completion. |

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| **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 |  |  | **/** |  |  | **/** |  |  |  |  |  |
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| Partner (Cohabitating)\* |  |  |  Date\*\* |  |  | **/** |  |  | **/** |  |  |  |  |  |
| \*Only applicable if you were a member of the scheme after 1 April 2008 |
| \*\*Date cohabitation started |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Single |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Widowed |  |  | Date |  |  | **/** |  |  | **/** |  |  |  |  |  |
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| Divorced |  |  | Date |  |  | **/** |  |  | **/** |  |  |  |  |  |
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| Dissolution or nullity of civil partnership |  |  | Date |  |  | **/** |  |  | **/** |  |  |  |  |  |
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| **Please give the following information regarding your spouse, civil partner or partner** |

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| Title | Dr |  | Mr |  | Mrs |  | Miss |  | Ms |  | Other |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Forenames (in full) |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth (DD/MM/YYYY) |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| National Insurance number |  |  |  |  |  |  |  |  |  |  |  |  |   |  |
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| **If divorced/partnership dissolved, has a court order****against part of your pension/lump sum been made?** |  | Yes |  |  | No |  |  |
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| If yes, is this order for: | Earmarking |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | Pension sharing |  |  |  |  |  |  |  |  |  |
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| **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)You cannot change your lump sum choice once pension benefits are in payment. If you wish to receive the larger lump sum, please tick ‘Maximum Lump Sum’.If you are a member of the 1995 scheme before 1 April 2008 and have no pensionable service on or after this date you will receive a lump sum of three times your pension only. You do not have the option to convert part of your pension to increase your lump sum.For 2008 and 2015 CARE Scheme members there is no automatic lump sum associated with your pension.Please select a lump sum option below for all relevant schemes where you would like commutation to apply**If you are unsure, we can provide a commutation quote. If so, please choose the ‘Quotation Required’ box under the relevant scheme to you.** |
| **1995 Section** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Maximum Lump Sum |  |  |  |  No Commutation |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Specific Amount |  |  | Quotation Required |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2008 Section** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Maximum Lump Sum |  |  |  |  No Commutation |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Specific Amount |  |  | Quotation Required |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2015 CARE Scheme** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Maximum Lump Sum |  |  |  |  No Commutation |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Specific Amount |  |  | Quotation Required |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **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 |

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| **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 |  |  |

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| **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 |  |  |
|  |  |  |  |  |  |  |

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| **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? |  |  | **/** |  |  | **/** |  |  |  |  |  |

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| **SECTION 9 – FOR PARTIAL RETIREMENT ONLY** |
|  |
| Before completing this section please read the partial retirement guidance and calculation examples (relevant to the options below) on our website at <https://pensions.gov.scot/nhs/ready-retirement/partial-retirement> You do not need to complete this section if you are already in receipt of partial retirement benefits and are now applying for your full retirement benefits.Complete only **ONE** of the following sections: either A or BWhen completing this section, please ensure your choice matches the scheme(s) you selected on page 7.**Please note: Partial Retirement is applied in scheme order.** Any decoupled benefits are excluded from partial retirement. **Option A**I would like to claim a specific percentage (from 20% - 100%) from each individual scheme. Please apply a percentage to the relevant box: |
| **1995/2008 Scheme** |  | **2015 Scheme** |  |  |  |  |  |  |  |  |  |  |  |  |
| **You cannot claim a percentage from the 2015 scheme until you have utilised 100% of the 1995/2008.** |
| **OR****Option B**I would like to claim a percentage from 20-100% of my overall benefits from all Schemes. |
| **Please apply a chosen percentage in the box:**  |  |  |  |  |  |  |  |  |  |  |  |  |
| **We will not consider the 2015 scheme until 100% of your 1995/2008 benefits have been exhausted.****If you are taking less than 100% of your available benefits and have requested a commutation quote we will provide this along with 100% of your available benefits. We will also provide you with how to calculate different percentages. If another commutation quote is requested this may result in a charge being applied and possible delays in your pension going into payment.** |

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| **SECTION 9 CONTINUED – FOR PARTIAL RETIREMENT ONLY: ADDED BENEFITS**  |
| This section should only be completed if you have added benefits in the scheme that you are claiming partial retirement from.If you don’t have any added benefits, please skip to the next section |
| Would you like to claim your added benefits in the Scheme you are claiming partial retirement from at the same time? |
|  | Yes |  |  | No |  |  |
| **Note: If the elected percentage exhausts your 1995 / 2008 Scheme or 2015 Scheme benefits, the added benefits from that Scheme will be automatically payable.** |

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| **SECTION 10 – 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 the NHS employment within the UK\* 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 paid from: |  |  | **/** |  |  | **/** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

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| **SECTION 11 – 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 apply for partial retirement, I will have reduced my pensionable 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 pensionable 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 |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **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** |
| After completing all relevant details in Part 1, you should return your application to your employer (HR/Payroll department) to complete Part 2 at least 6 months prior to your intended date of retirement They will then forward it on to us upon completion. |

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| **COPIES OF BIRTH CERTIFICATES WILL NOT BE RETURNED** |

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| **PART 2 – TO BE COMPLETED BY THE** **EMPLOYING AUTHORITY**  |
| Part 2 should be completed by the employer and forwarded to SPPA with Part 1, at least 6 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. |

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| **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 |  |  Prem |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is Employee any of the following:  | Special Class |  |  MHO |  |  Neither |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is the Employee: |  AfC staff |  | Medical/Dental staff |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **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 |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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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| **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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