

HPSS Superannuation Scheme

Superannuation No. SB

For Superannuation Branch Use	
	Initials & Date
Screen 9 noted	
AO check	

Application for Preserved Retirement Benefits

To be completed by the applicant

- You **must** complete Parts 1-8 (pages 1 to 5) of this form and **return along with a copy of your birth certificate**.
- If you have any difficulty completing this form please contact HPSS Superannuation Branch.
- Please complete in **black ink** using **CAPITAL letters**.

Part 1 - Personal details

<p>1 Surname</p> <input style="width: 100%;" type="text"/>	<p>2 Forename(s) <i>(in full)</i></p> <input style="width: 100%;" type="text"/>
<p>3 Maiden name <i>(if applicable)</i></p> <input style="width: 100%;" type="text"/>	<p>4 Date of birth <i>(You must attach a copy of your birth certificate)</i></p> <input style="width: 100%;" type="text"/>
<p>5 Title <i>(tick correct box)</i></p> <p>Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/></p>	<p>6 National Insurance number</p> <input style="width: 100%;" type="text"/>
<p>7 Your present address</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>-----</p> <p>-----</p> <p>-----</p> <p style="text-align: right;">Post code _____</p> </div>	<p>8 Where was your present place of employment in the Health Service? <i>(Hospital and Health Board/Trust)</i></p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>-----</p> <p>-----</p> <p>-----</p> <p style="text-align: right;">Post code _____</p> </div>
<p>9 Your daytime telephone number</p> <input style="width: 100%;" type="text"/>	<p>10 E-mail address <i>(If you have one)</i></p> <input style="width: 100%;" type="text"/>

Part 6 - Continuing employment or re-employment in the Health Service

(IMPORTANT:- See Declaration at Part 8 of this form & the section on re-employment in the 'Guide for Pensioners and their Dependants'). This includes employments in NHS England & Wales, Scotland or the Isle of Man.

Continuing Employment

21 Are you still in NHS employment? Yes No
(If **Yes** please note that benefits cannot become payable until you leave your current NHS employment.)

22 Do you intend to take up a new NHS employment after you retire? No go to Part 7
Yes complete question 23 and/or 24 below

23 Please give below details of any other Health Service posts you intend **continuing** after this employment.

Name of employer

Address of employer

Post code

Grade

Number of hours worked

Will you be a member of the HPSS Superannuation Scheme in this employment? Yes No

Re-employment after retirement

24 **Please give below details of any new Health Service post(s) you intend taking up after this retirement,** (including NHS employment in England, Wales, Scotland or the Isle of Man)

Name of employer

Address of employer

Post code

Grade

Number of hours worked

Date of commencement

