

Membership Number SB   
(If applicable)

National Insurance Number

For HSC Pension Service Use	
	Initials & Date
BSU check	

## Application for Scheme Retirement Benefits (1995 Section only)

This form should be given to the applicant up to 4 months before the proposed retirement date to allow benefits to be paid on time.

### To be completed by the applicant

- You **must** complete **Parts 1-10** of this form and take it to your employer who will complete the remaining Parts.
- If you have any difficulty completing this form you should contact your employer.
- Please complete in **black ink** using **CAPITAL letters**.

### Part 1 – Personal details

<p><b>1 Surname</b></p> <input style="width: 100%; height: 25px;" type="text"/>	<p><b>2 Forename(s) (in full)</b></p> <input style="width: 100%; height: 25px;" type="text"/>
<p><b>3 Maiden name (if applicable)</b></p> <input style="width: 100%; height: 25px;" type="text"/>	<p><b>4 Date of birth (your employer will need to see your birth certificate)</b></p> <input style="width: 100%; height: 25px;" type="text"/>
<p><b>5 Title (tick correct box)</b></p> <p>Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/></p>	<p><b>6 National Insurance number</b></p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p><b>7 Your present address</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>----- Postcode -----</p> </div>	<p><b>8 Where is your present place of employment (Location, HSC Trust/HSC Board etc)</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>----- Postcode -----</p> </div>
<p><b>9 Your daytime telephone number</b></p> <input style="width: 100%; height: 25px;" type="text"/>	<p><b>10 E-mail address (if you have one)</b></p> <input style="width: 100%; height: 25px;" type="text"/>



## Part 5 – HM Revenue and Customs (HMRC) information

To comply with HMRC legislation please read 'Tax Section' of '**A Guide for Pensioners and their Dependents**' and then answer the following questions:

- 18** Have you any retirement arrangements outside the HSC Pension Scheme, whether in payment or not. This includes money purchase AVCs, but excludes the State retirement pension? Yes  please continue  
No  go to question 22
- 19** Will your annual pension from all your pension arrangements, including the HSC Pension Scheme, be more than £60,000 per year? Yes   
Don't know  please continue  
No  go to question 22
- 20** (i) Have you taken any pension benefits on or after 6 April 2006 Yes  please continue  
No  go to question 21

(ii) Total aggregated percentage of LTA used  %

(iii) Date of first benefit crystallisation event  /  /

- 21** (i) Have you taken any pension benefits before 6 April 2006 Yes  please continue  
No  go to question 22
- (ii) Gross annual rate of pension in payment on today's date or at date at 20(iii) £

If you are unable to provide us with answers to question 20 and 21, we will only be able to process your application if we treat your HSC Pension Scheme benefits as entirely in excess of the LTA. **This will mean the scheme paying 55% of your lump sum and 25% of your pension directly to HMRC.**

If you would like us to do this, please tick this box

Alternatively please wait until you know that percentage of the LTA has been used before returning this form. You may need to contact the Scheme Administrator of your other pension arrangements for this.

- 22** Have you any valid certificates from HMRC that either enhance your LTA or provide you with enhanced protection? Yes  please give details below  
No

Certificate Number	Enhancement type	Enhancement factor	Protected lump sum Value (£)

Valid enhanced protection certificate number

**Part 6 - Redundancy Retirements only (between 1 December 2006 and September 2011)**

'A Guide for Pensioners and their Dependants' provides advice about those who are entitled to have their redundancy benefits calculated under special transitional protection arrangements. If these apply to you you will have received two illustrations of your potential benefits.

**Please record your choice of calculation method by ticking one box only**

- 23 Option 1**  **Option 2**   
(Transitional Arrangements) (New Arrangements)

If you are not eligible for the Special Transitional Protection Arrangements, omit this part and continue with Part 7.

**Part 7 – Lump Sum Choice (only applies if your last day of membership is on or after 1 April 2008)**

- 24** Do you want an additional lump sum by giving up part of your pension?

Yes  No

If yes, please complete the details requested below.

- 25** Please indicate how much lump sum you wish to receive.  
(Restriction to the amount of tax free lump sum you may receive will depend on HM Revenue and Customs taxation restrictions).

Max Allowed  Additional lump sum of   
(please tick) (enter amount) £

- 26** If Yes to question 24, have you or are you due to receive any tax free 'cash' from any other pension provider as at your retirement date.

Yes  No

**Part 8 - Continuing employment or re-employment in the Health Service**

(IMPORTANT: - See Declaration at Part 10 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 / Re - Employment**

- 27** Are you still continuing in another HSC/NHS employment? Yes  No   
(If Yes please complete 28).

Note: benefits cannot become payable until you leave all your HSC/NHS employments.)

- 28** Do you intend to take up a new HSC/NHS employment after you retire? No  go to Part 8  
Yes  complete question 30 below

**Continuing Employment**

**29 Please give below details of any HSC posts you are continuing in after this employment.**

Name of employer:

Address of employer

-----

-----

-----

----- Post code -----

Grade

Number of hours  
Worked

**Re-employment after retirement**

**30 Please give below details of any new HSC/NHS 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

**Part 9 – payment details** (if you live outside the UK please contact HSC Pension Service)

Please pay my pension and lump sum to my -  
(please tick)

Bank   
Building Society   
Girobank

Please enter your account details below

Name of Bank / Building Society

Branch

Branch address

-----
-----
-----
----- Post code -----

Bank sorting code  
(This is the 6 figure number  
on your personal cheques)

 -  - 

Bank Account number

Building Society Roll No.

**Part 10 – Declaration – to be signed and dated by all applicants**

- **I declare** that I am retiring from HSC employment.
- I have read the scheme booklet 'A guide for pensioners and their dependants'.
- I understand that, if I have chosen to retire early or I am retiring on normal age grounds, my pension **MAY BE SUSPENDED** if I return to HSC employment within **one month**. Work in the HSC totalling 16 hours or less a week are ignored for this purpose.
- I confirm that I have read the Guidance relating to Recycling of Pension Commencement Lump Sums (PCLS) and understand my obligation in notifying HSC Pension Service if I recycle my HSC PCLS.
- I understand that, if I have chosen to retire early, (except on VER 'actuarially reduced') and return to HSC employment before age 60, my pension and 're-employed' earnings combined, cannot exceed my pensionable earnings prior to retirement. If they do, I understand that I will have to pay back any overpayment of pension. I also understand that refusal or neglect to pay back any overpayment may result in court proceedings being taken against me for recovery.
- **I declare** that the information I have given is correct and complete to the best of my knowledge and belief. If I become aware of any change in the information given on the form, or any further new information relevant to the form, after I have sent it I hereby agree to notify HSC Pension Service of those changes and that further or new information at the earliest possible opportunity.
- **I apply** for my Scheme retirement benefits.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**To be completed by the Employer**

**Part 11 – Retirement details**

**1 Name**

**2 SB No.**

**3 National Insurance number**

**4 Date of birth**

**5 Has their date of birth been verified by sight of birth certificate?**

Yes

No  (If 'no' the birth certificate must be forward to Superannuation Branch)

**6 Has their marriage/civil partnership been verified by sight of certificate?**

Yes  No

**7 Has divorce/civil partnership dissolution been verified by sight of certificate?**

Yes  No

**8 Payroll indicative**

**9 Last day of scheme membership** (Account should be taken of leave due and untaken at date of retirement.)

**10 Type of retirement**

Age **1**  
Incapacity **2**  
Premature (redundancy, interests of the efficiency of the service) **3**  
VER (Actuarially reduced) **4**

(if '3', ensure a copy of the Departmental Approval Form is attached)

**11 How do you wish to pay the premature retirement costs?** (if applicable) (Please tick one box)

Quarterly (transitional arrangements only)

Capitalised cost by one payment

Capitalised cost plus interest by 5 annual instalments

**12 How do you wish to pay the VER costs?** (if applicable) (Please tick one box)

Capitalised by one payment

Capitalised cost plus interest by 5 annual instalments

## Part 12 – Earnings details

### Total pensionable pay

Give rates and total pensionable pay for the **best of the last 3 years** of contributing service in box (i). **This should be the notional whole time equivalent for part time staff. Do not include domiciliary fees.** They should be shown in box (ii) below.

This employment is - full-time  complete boxes (i), (ii) (if applicable) and (iv)  
part-time  complete boxes (i), (ii) (if applicable), (iii) and (iv)  
sessional  complete boxes (i), (ii) (if applicable), (iii) and (iv)

(i) Total pensionable pay in best of the last 3 years;

From \_\_\_\_\_ to \_\_\_\_\_ amount <sup>£</sup><sup>p</sup>

(ii) Domiciliary fees

<sup>£</sup><sup>p</sup>

(iii) Part-time staff only

Actual total pensionable pay for year as at (i) above <sup>£</sup><sup>p</sup>

(iv) Annual rate of pay at cessation

<sup>£</sup><sup>p</sup>

## Part 13 – Pre-despatch check list and certification

(i) Incapacity retirement

- Have you received form AWN 15?  
Do not send this form until you have letter AWN 15.

(ii) Premature retirement

- Copy of Departmental Approval Form attached

(iii) All retirements

*(tick relevant box)*

- SD 55A/B terminating  is attached

was sent on \_\_\_\_/\_\_\_\_/\_\_\_\_

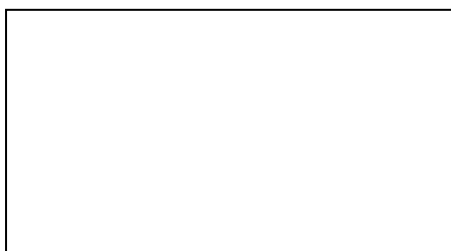
## Certification of earnings details

- I certify that
- (i) The amounts shown in Part 12 have been reconciled with the pension contributions shown on form SD 55A/B.
  - (ii) All scheme contributions have been, or will be, deducted from the member's pensionable pay.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Tel No \_\_\_\_\_

**Employing Authority  
or GP Practice Stamp**



**This form should be forwarded to:**

**HSC Pension Service  
Waterside House  
75 Duke Street  
Londonderry  
BT47 6FP**

**Telephone: 028 7131 9000  
Fax: 028 7131 9144**