

HPSS Superannuation Scheme

Superannuation No. SB

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

Application for Retirement Benefits

This form should be given to the applicant up to 4 months before the proposed retirement date to allow

To be completed by the applicant

- You **must** complete Parts 1-8 (pages 1 to 5) 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>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>(Your employer will need to see 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; height: 100px; padding: 5px;"> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> </div>	<p>8 Where is your present place of employment in the Health Service? <i>(Hospital and Health Board/Trust)</i></p> <div style="border: 1px solid black; height: 100px; padding: 5px;"> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</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 2 - Status

11 What is your status?

(please tick the appropriate box)

Married Single Widowed Divorced Civil-partner Dissolved CP Survivor CP

12 If you are / were married, please give -

the date of your marriage

13 If you are in a registered civil partnership, please give the date of your registered partnership

14 If you are a widow / widower, surviving partner, please give the date of your wife's / husband's / partner's death.

15 If appropriate, please give the date when your divorce was granted / civil partnership dissolved.

Part 3 - Allocation of Pension

'A guide for pensioners and their dependants' gives advice about allocating part of your pension. It also explains how to apply to do this.

If you wish to allocate part of your pension for the benefit of a dependant, please tick this box and attach your completed form AW6/11A from the guide

Part 4 - Additional Voluntary Contributions

These are -

MPAVCs - Money Purchase Additional Voluntary Contributions
FSAVCs - Free Standing Additional Voluntary Contributions

16 Have you ever, or are you contributing towards an MPAVC / FSAVC plan?

Yes complete the details below

No go to Part 4

Name of MPAVC / FSAVC provider

Address of MPAVC / FSAVC provider

Policy number

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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 'A guide for pensioners and their dependants'). This includes employments in NHS England & Wales, Scotland or the Isle of Man.

Continuing Employment

21 Have you more than one post in the HPSS?

Yes No

22 Are you continuing in a NHS employment or do you intend to take up a new NHS employment after you

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

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

Grade

Number of hours worked

Date of commencement

Part 7 - Payment details (if you live outside the UK please contact HPSS Superannuation Branch)

Please pay my pension and lump sum to my - (please tick)	Bank <input type="checkbox"/>
	Building Society <input type="checkbox"/>
	<input type="checkbox"/>
Please enter your account details below	
Name of Bank / Building Society	<input type="text"/>
Branch	<input type="text"/>
Branch address	<input type="text"/>
Bank / Girobank sorting code (This is the 6 figure number)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Bank / Girobank Account number	<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"/> <input type="text"/>
Building Society Roll No.	<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"/> <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"/>

Part 8 - Declaration – to be signed and dated by all applicants

- I **declare** that I am retiring from HPSS 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 HPSS employment within **one month**. Work in the HPSS totalling 16 hours or less a week are ignored for this purpose.
- I understand that, if I have chosen to retire, (except on VER 'not agreed') and return to HPSS employment before age 60, my pension and 're-employed' earnings combined, cannot exceed my superannuable 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 HPSS Superannuation Branch of those changes and that further or new information at the earliest possible opportunity.
- I **apply** for my benefits from the HPSS Superannuation Scheme.

To be completed by the Employer
Part 9 - Retirement details

1 Name

2 SB No.

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3 National Insurance number

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4 Date of birth

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

Yes

No (If 'no' the birth certificate must be

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

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

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10 Type of retirement

- Age 1
- Incapacity 2
- Premature 3
- VER (Employer's consent) 4

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

- Quarterly
- Capitalised cost by one payment
-

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

