

Membership Number SB   
(If applicable)

National Insurance Number

For HSC Pension Service Use	
	Initials & Date
BSU check	

## Application for Scheme Retirement Benefits

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

1995 Section

2008 Section

2008 Optant

### To be completed by the applicant

- You **must** complete **Parts 1-9** 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

**1 Surname**

**2 Forename(s)** *(in full)*

**3 Maiden name** *(if applicable)*

**4 Date of birth** *(your employer will need to see your birth certificate)*

**5 Title** *(tick correct box)*

Dr  Mr  Mrs  Miss  Ms

**6 National Insurance number**

**7 Your present address**

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-----
----- Postcode -----

**8 Where is your present place of employment**

*(Location, HSC Trust/HSC Board etc)*

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-----
----- Postcode -----

**9 Your daytime telephone number**

**10 E-mail address** *(if you have one)*



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

To comply with HMRC legislation please read 'Tax Section' of '**A Guide for Pensioners and their Dependants**' 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 – Lump Sum Choice (only applies if your last day of membership is on or after 1 April 2008)**

23 Do you want an additional lump sum by giving up part of your pension?

Yes  No

If yes, please complete the details requested below.

24 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   
(please tick)

Additional lump sum of  
(enter amount)

£

25 If Yes to question 23, 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 7 - Continuing employment or re-employment in the Health Service**

(IMPORTANT: - See Declaration at Part 9 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**

26 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.)

27 Do you intend to take up a new HSC/NHS employment after you retire? No  go to Part 8  
Yes  complete question 29 below

**Continuing Employment**

28 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



## Part 9 – Declaration – to be signed and dated by all applicants

- **I declare** that I am retiring from HSC employment.
- I confirm that I have read the scheme guidance '*A guide for pensioners and their dependants*'.
- I understand that it is my responsibility to inform HSC Pension Service of any re-employment in the HSC/NHS in order to minimise the possibility of a potential overpayment of benefits.
- I understand that, if I have retired on normal age grounds, my pension **MAY BE SUSPENDED** if I return to HSC/NHS employment within **one month**. Work in the HSC/NHS totaling 16 hours or less a week is ignored for this purpose.
- If I have chosen to retire early, (except on VER 'actuarially reduced") and return to HSC/NHS employment before age 60 then my pension can be suspended or abated depending on my earnings.
- I understand that I will have to pay back any overpayment of pension that occurs due to any re-employment and failure to do so may result in referral to the Counter Fraud and Probity Service.
- 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 declare** that the information I have given is correct and complete to the best of my knowledge and belief. I hereby agree to notify HSC Pension Service immediately of any changes to the information provided at time of application.
- **I apply** for my Scheme retirement benefits.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**To be completed by the Employer**

**Part 10 – 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 HSC Pension Service)

**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 Scheme**

1995

2008

2008 Optant

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

**11 Type of retirement**

Age  
Incapacity  
Premature (redundancy, interests of the efficiency of the service)  
VER (Actuarially reduced)

(ensure a copy of the Departmental Approval Form is attached where appropriate)

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

Capitalised cost by one payment

Capitalised cost plus interest by 5 annual instalments



## Part 12– Pre-despatch check list and certification

- |  |  |
|--|--|
| <b>(i) Incapacity retirement</b>                           | - Have you received form AWN 15?<br>Do not send this form until you have letter AWN 15.                            |
| <b>(ii) Premature retirement</b>                           | - Copy of Departmental Approval Form attached <input type="checkbox"/>   |
| <b>(iii) All retirements</b><br><i>(tick relevant box)</i> | - SD 55A/B terminating <input type="checkbox"/> is attached<br><input type="checkbox"/> was sent on ____/____/____ |

### Certification of earnings details

- I certify that
- (i) The amounts shown in Part 11 are reconciled with the pension contributions payable.
  - (ii) All scheme contributions have been, or will be, paid to the HSC Pension Scheme within the regulatory timeframe.

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 9111**

**Fax: 028 7131 9144**