GP Practice, Direction Employers & Out of Hours Staff

(J2) Notification of Start of Pensionable Employment

This form must be completed and sent to HSC Pension Service immediately a person starts pensionable employment

To be completed by an authorised officer

1. **National Insurance Number**
2. **Date of Birth**
3. **Has date of birth been verified from birth certificate** Tick appropriate box:- Yes ☐ No ☐
4. **Title**
5. **Sex**
6. **Surname**
7. **Forename**
8. **Initials**
9. **Date Current Pensionable Employment Started**
10. **Address**

Postcode Only

11. **Capacity in which employed?**
12. **Whole-time or part-time?**
13. **If part-time, proportion of whole-time as a fraction.**

14. Employer Declaration

I declare that I have issued the member with a copy of the Scheme Guide and the 'Joining Information Leaflet'. *(HSC(P) 02/09 (Supp 1) – Annex 1 refers).*

Sign here _____

Name _____

Official Designation _____

Date _____

Telephone Number _____

E-Mail _____

Stamp:

Practice Identifier:

Send to: HSC Pension Service, Waterside House, 75 Duke Street, Londonderry, BT47 6FP