

PLEASE READ THESE NOTES BEFORE COMPLETING FORM SD502

THINK CAREFULLY!

If you leave or do not join the Scheme you will be giving up much more than a good pension.

FROM THE DAY YOU JOIN

Life assurance cover and family benefits if you die.

AFTER 2 YEARS

A pension payable for life and a tax free cash sum if you are forced to give up work because of ill-health.

A pension payable for life and a tax free cash sum if you are made redundant at or after age 50* as an alternative to a cash severance payment from your employer.

* This statement does not apply to GP Practice and Out of Hours Provider staff and freelance GP locum medical practitioners, also principals and assistants in respect of that work.

ON RETIREMENT

A pension payable for life and a tax free cash sum.

COST

Benefits are increased each year in line with the cost of living to protect their value. This package of benefits is worth almost 20% of pay overall, but the net cost to most members is only around 3½%. Your employer pays the rest.

OTHER INFORMATION TO CONSIDER

If you leave the Scheme you will still have to pay into a Personal Pension, Stakeholder Pension or the State Scheme.

If you compare these alternatives with the Scheme you will see that in terms of value for money the Scheme is hard to beat, and its benefits are guaranteed.

Most informed opinion recognises that employees will nearly always be better off if they belong to their employer's occupational pension scheme.

If you have decided that you don't want to be in the Scheme, please complete part A of the tear-off section of this leaflet and hand it to your Employer. You should also ask for booklet 'Leaving the Scheme' which tells you how you can deal with any pension rights you have earned so far.

If you do opt out of the Scheme after your first pay period HSC Pension Service may have to refund any contributions you have paid.



Please keep a copy of this form for your reference

Application to leave the Scheme

To the employee – complete **PART A** of this form and **return it to your employer** they will complete Part B and send it to us.

Notes

- When your employer gets this form they will stop taking pension contributions from the first day of the next period
- This is NOT an application form for a refund of contributions.
- Please read booklet “Leaving the Scheme” to find out what will happen to any benefits you may already have.

Part A – Please use CAPITAL letters

Surname

Other names

Previous Surname (if any)

Payroll number	<input type="text"/>
Job	<input type="text"/>
Home address	<input type="text"/>

Sex M F
 Date of birth

Declaration

I have read the leaflet that comes with this form and the guide to the Scheme, and I do not wish to become or remain a member of the Scheme.

Have you already taken out or do you intend to take out a personal pension? Y N

I understand that I am giving up my right to any further benefits from the Scheme in this employment.

Is this your first job in the HSC? Y N

This include:

- life assurance cover and family benefits which would be payable if I died whilst still a Scheme member, and
- any additional membership to give me a bigger pension and lump sum if I had to retire early because of ill-health or redundancy.

Is this the first time you have chosen to leave or not join the HSC Pension Scheme? Y N

I also understand that unless I am absent from duty for any reason I may apply to join or rejoin the Scheme at any time subject to the Scheme rules.

Signed

Date

SD502 tear off

PART B to be completed by the EMPLOYING AUTHORITY

SD502 issued to employee

Date current period of employment started

NI number

Whole-time or part-time Whole-time Part-time

Salary (if practitioner or sessional, fill in if possible) £ --

Job capacity code

EA/GP code

Did you receive the SD502 from the employee before the end of the first pay period?

- Yes** – Please refund the contributions locally. Then sign and date this form and send it to HSC Pension Service
- No** – We will pay any refund due when we receive the claim form AW18

1. Please tell us:

- the SB number if you know it

- the employee's last day of scheme membership

Signed

2. Sign and date this form, attach it to form SD55 and send both forms to us.

If you have not already sent form J1/SS14, or J2 (*GP Practice/OOH staff*)

Please attach that form as well.

Date

EA/GP Stamp