**NHS Pensions - Cash Equivalent Transfer Value (CETV) FA11a**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of member:** | | | |  | | **Membership No:** | | | | | | SD | | | | |
|  | | | |  | |  | | | | | |  | | | | |
| **A Transfer Value quotation is required. Please read the guidance below and complete the appropriate sections of the form and return it as soon as possible.** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Guidance** | | | | | | | | | | | | | | | | |
| * Please refer to our website for guidance on pensionable pay and deemed pay. * For an active member, please ensure our records are updated to the previous Scheme year end. The assumed date of leaving is the date you receive this form from the member. For a member of the 1995 Section, the best of the last three years pensionable pay should be provided. * Where the member is a transition member (i.e. a member of the 1995/2008 Scheme and the 2015 Scheme), please use the same assumed date of leaving in both Schemes. * Please confirm the period used for the pay and give any details of deemed pensionable pay e.g. sickness or maternity pay. * If there is any period of sick leave with reduced pay, please include the full rate of pay. * Please tell us if there have been any changes during the pay period that will affect the contributions e.g. whole time to part time and if appropriate please provide the change date. * If the member has left, please update the final SD55 and tick the box below confirming you have done this. There is then no requirement to provide any other information requested. * If the member remains in the 1995 Section please go to Part 1. * If the member remains in the 2008 Section, or moved from the 2008 Section to the 2015 Scheme (this includes members who were entitled to Tapered Protection), please go to Part 2. * If the member has membership in the 2015 Scheme only, please go to Part 2. | | | | | | | | | | | | | | | | |
| **Part 1** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | **For a member of the 1995 Section**, please give the best of the last three years’ Total Pensionable Pay (TPP) at the date you received the form (assumed date of leaving). | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| I can confirm the period used for the TPP is | | | | |  | | | | to | | | |  | | | |
|  | | | | |  | | | |  | | | |  | | | |
| The actual TPP amount is | | | | | £ | | | |  | | | |  | | | |
|  | | | | |  | | | |  | | | |  | | | |
| Of which | | | | | £ | | | | is deemed pay | | | | | | | |
|  | | | | |  | | | |  | | | | | | | |
| The notional whole time TPP amount is | | | | | £ | | | |  | | | | | | | |
|  | | | | | | | | | | |  | |  | | | |
| This member is part time, the hours worked from 01/04 to the assumed date of leaving are | | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | |  | | |
|  | | For a Practitioner member, please supply the pensionable pay from 01/04 to the assumed date of leaving. If you have not received figures from the GP yet, please also attach the estimated figures to the assumed date of leaving. | | | | | | | | | | | | £ | | |
|  | | |
|  | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Part 2** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | **For a member of the 2008 Section or 2015 Scheme,** we will use the employer’s pay on our records. However, we need the employer pay (and the employee’s pensionable hours if part time) from 01/04 to the date you received the form (assumed date of leaving). | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | |  |  | |
| I confirm the employer pay for the period 01/04/      to       the assumed date of leaving is | | | | | | | | | | | | | |  | | |
|  | | | | | | |  | | | | | | |  |  | |
| Of which | | | | | | | £ | | | | | | | is deemed pay | | |
|  | | | | | | |  | | | | | | |  | | |
| This member is part time. The hours worked from 01/04 to the assumed date of leaving are | | | | | | | | | | | | | |  | | |
|  | |  | | | | | | | | | | | |  | | |
|  | | For a Practitioner member, please supply the pensionable pay from 01/04 to the assumed date of leaving. If you have not received figures from the GP yet, please also attach the estimated figures to the assumed date of leaving. | | | | | | | | | | | | £ | | |
|  | | |
|  | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Any other information e.g. date changed from whole time to part time** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Signature | | |  | | | | | |  | **Official stamp** | | | | | | |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |