For internal use only, please register as ESTH17A

**NHS Pensions - AW295 (GP - IP2014)**

**Individual Protection 2014 Practitioner Valuation request at 05/04/2014**

Please ensure all of this form is completed before returning it to NHS Pensions or it may delay your request.

Once all information has been received, we aim to provide this information within our 40 working day target from the date of receipt.

**Section 1 – Member’s personal details**

|  |  |
| --- | --- |
| Surname |       |
|  |  |
| Other names |       |
|  |  |
| Address |       |
|  |
|  |
|  |
|  |  |
| Telephone number |       |
|  |  |
| Email address |       |
|  |  |
| National Insurance no. |   |   |   |   |   |   |   |   |   |  |
|  |  |
| Membership number (if known) | SD |   |   |   |   |   |   |   |   |   |

If you are acting on behalf of the Scheme member, their written authority to release information to you is required. If this has not already been provided to NHS Pensions, please arrange for authorisation to be sent with this form. Please provide your details below and also your relationship to the member (e.g. solicitor, client, parent, child etc.).

|  |  |
| --- | --- |
| Your name or company name |       |
|  |  |
| Relationship to the member |       |
|  |  |
| Your address |       |
|  |
|  |
|  |
|  |  |
| Telephone number |       |
|  |  |
| Email address |       |

Any information provided will be sent to the requestor’s address.

**Section 2 – Individual Protection valuations required**

|  |  |
| --- | --- |
| [ ]  | I would like NHS Pensions to provide the following estimated pension benefit statements: |

|  |  |
| --- | --- |
| Individual Protection 2014 (IP2014) valuation | £120  |

Please note that the deadline to make an application for Individual Protection 2014 through HMRC was 5 April 2017. We will still provide Individual Protection valuations for members who submit this form on or after this date but please be aware the charge will still apply even if you are unable to use this valuation to apply for HMRC protection

These charges are reviewed annually.

**Section 3 - Declaration**

|  |  |
| --- | --- |
| [ ]  | I have referred to the NHS Pensions Schedule of Charges and I agree to pay the applicable charge for provision of the information specified at Part 2 of this form. |

|  |  |
| --- | --- |
| Signature |  |
|  |  |
| Name (please print) |       |
|  |  |
| Date |   |   | **/** |   |   | **/** |   |   |   |   |  |

**Section 4 - Payment**

Please confirm which of the following payment methods you have chosen:

|  |  |  |  |
| --- | --- | --- | --- |
| **[ ]**  | **Bank transfer payment**The bank account details for electronic payments are as follows:Sort code: 60-70-80Account number: 10021205Your reference must include the National Insurance number of the member followed by their surname. Your request cannot be processed without this information.You need to email a copy of this form to nhsbsa.pensionsmember@nhsbsa.nhs.uk or use the following postal address:NHS PensionsPO Box 2269BoltonBL6 9JS | **[ ]**  | **Cheque** The cheque should be made payable to ‘NHS Business Services Authority’, enclosed with this form and posted to:NHS PensionsPO Box 2269BoltonBL6 9JS |

 **All charges include VAT at the standard rate of 20%**

**How we use your information**

The NHS Business Services Authority – NHS Pensions will use the information provided for administering your NHS Pension Scheme membership and processing payment of your NHS pension benefits. We may share your information to administer and pay your NHS pension, enable us to prevent and detect fraud and mistakes, for debt collection purposes, or as required by law. For more information about who we share your information with and how long we keep your personal data and your rights, please visit our website at [www.nhsbsa.nhs.uk/yourinformation](http://www.nhsbsa.nhs.uk/yourinformation)