For internal use only: please register as ESTH16A

**NHS Pensions - 5 April 2016 valuation request – Individual Protection 2016**

**AW295 (Officer - IP2016)**

**Not to be used by general medical, dental or ophthalmic practitioners, please use form AW295 (GP - IP2016)**

Please ensure that both Part A and Part B of this form are fully completed before returning it to NHS Pensions or it may delay your request.

**Part A – for completion by the member**

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

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 valuation of benefits: |

|  |  |
| --- | --- |
| Individual Protection 2016 (IP2016) valuation | £120 |

**Section 3 - Declaration**

|  |  |
| --- | --- |
|  | I agree to pay the applicable charge for provision of the information specified at Section 2 of this form. |

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

Please sign and date this form and forward to your NHS Employing Authority to complete Part B and forward to NHS Pensions.

**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)

**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: 60-70-80**  **Account number: 10021205**  Your 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](mailto:nhsbsa.pensionsmember@nhsbsa.nhs.uk) or use the following postal address:  NHS Pensions  PO Box 2269  Bolton  BL6 9JS |
|  |  |
|  | **Cheque**  The cheque should be made payable to ‘NHS Business Services Authority’, enclosed with this form and posted to:  NHS Pensions  PO Box 2269  Bolton  BL6 9JS |

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

**Part B – for completion by the NHS Employing Authority only**

**5 April 2016 Valuation - urgent request for pensionable membership and pay information**

This member has asked for a valuation of their pension benefits at 05/04/2016 in order to make an application to HMRC for Individual Protection 2016. We provide NHS Pensions with the following information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | **Membership details have been updated to 31/03/2016?** |  | Yes |  | No |

If **no** please let us know if they are whole time or part-time from 01/04/2015 to 31/03/2016:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Whole time | |  |  |  |  |
|  |  | |  |  |  |  |
|  | Part time |  | | contract |  | hours/pas/sessions worked |

|  |  |
| --- | --- |
| **2.** | **Membership from 01/04/2015 to 05/04/2016 is:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Whole time | |  |  |  |  |
|  |  | |  |  |  |  |
|  | Part time |  | | contract |  | hours/pas/sessions worked |

|  |  |
| --- | --- |
| **3.** | **Pay details** |

**For 1995 Section members** **-** please confirm the actual pensionable pay in the best of the last 3 years. If the member has any Domiciliary Visit Fees (DV’s) please include these in the figures below if whole time and notify us separately of the details if part- time.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | From | | | | | |  | To | | | | | |  | Disallowed | | |  | Amount | | | | | | | | | | | | | | | |
|  | Year | Day | | Mth | | Year | |  | Day | | Mth | | Year | |  | days | | |  | £ | | | | | | | | | | | | p | | | |
| (i) | Last |  |  |  |  |  |  |  | 0 | 5 | 0 | 4 | 1 | 6 |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |
| (ii) | Middle |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |
| (iii) | Earliest |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |
| **For ALL part time members (except 2008 Section and 2015 Scheme members)** please give the NOTIONAL WHOLE TIME  pensionable pay for each of the last 3 years, or lesser period if applicable.  This figure should be the pensionable pay that **would have** been paid in  a single comparable whole time employment. | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| £ | | | | | | | | | | | | p | | |
|  | |  | |  | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  | |  | |  |

**For 2008 Section and 2015 Scheme members -** please provide the reckonable pay/pensionable earnings from 01/04/2016 to 05/04/2016. If the record is not updated to 31/03/2016 please action this or provide the pay for 01/04/2015 to 31/03/2016.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | From | | | | | |  | To | | | | | |  | Disallowed | | |  | Amount | | | | | | | |
|  | Day | | Mth | | Year | |  | Day | | Mth | | Year | |  | days | | |  | £ | | | | | | p | |
| (i) | **0** | **1** | **0** | **4** | **1** | **6** |  | **0** | **5** | **0** | **4** | **1** | **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (ii) | **0** | **1** | **0** | **4** | **1** | **5** |  | **3** | **1** | **0** | **3** | **1** | **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **For part time Specialists:**   1. **Include** Distinction Awards. Show class (A+, A, B) 2. **Include** Clinical Excellence Awards. Show class (1 – 11) 3. **Exclude** any Domiciliary Visit fess. |  | | | | | | | |
| £ | | | | | | p | |
|  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Are any of the figures in 3. provisional?** | |  | | Yes | |  | No | | | |
|  | | |  | |  | | | |
| If **provisional** is the member intending to retire in the next 4 months? | | | | | | | |  | | Yes | |  | No | |
|  | | | | | | | | | | | | | | |
| If **yes** please provide the intended date | | | | | | | |  | | | | | | |
|  |  | | | | | | | | | | | | |

**4. Details of the person at the Employing Authority requesting this valuation:**

|  |  |
| --- | --- |
| Signature |  |
|  |  |
| Initials and surname (please PRINT) |  |
|  |  |
| Telephone number |  |
|  |  |
| EA name and address stamp |  |

|  |  |
| --- | --- |
| Date |  |

**If you have not already done so please update us with the membership and pay details up to 31/03/2016.**

Please forward the completed form to:

NHS Pensions

PO Box 2269

Bolton

BL6 9JS