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| **NHS Pension Scheme**PO Box 2269BoltonBL6 9JS |

**Form SM PTA1 – Part time access membership application**

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| I wish to apply for part time access to the NHS Pension Scheme and request backdated membership.I have read and understood both the membership record and Part time access enquiry factsheets, available on the website. *Please tick this box to confirm*.  | [ ]  |

**Section 1 - personal details - answer all questions**

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| --- | --- |
| Title (e.g. Mr, Mrs, Miss, Dr) |       |

|  |  |
| --- | --- |
| Surname |       |

|  |  |
| --- | --- |
| Former surname (if applicable) |       |

|  |  |
| --- | --- |
| Other names |       |

|  |  |
| --- | --- |
| Your postal address |       |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth |   |   | / |   |   | / |   |   |   |   |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Insurance number |   |   |   |   |   |   |   |   |   |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NHS Pension Scheme membership number (if known) | SD |   |   | / |   |   |   |   |   |   |

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| Contact telephone number |       |

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| Contact email address |       |

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| National Insurance number : |       |

**Section 2 – Part time access employment being requested (from 8 April 1976 up until but not including 1 April 1991 only)**

List the employment(s) that you wish to query in date order. Complete as much detail as possible and use a separate row for each employment or where your contracted hours have changed (if applicable). Number your supportive evidence according to the employment number shown below. You may not know the exact dates but we must have at least the month and year so we can accept for example; Oct 1982 to May 1983.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number your jobs** *1,2,3….* | **Name and address of hospital or place of employment** | **Name of NHS Employing Authority** | **Job title** | **Start date of employment**dd/mm/yyyy | **End date of employment**dd/mm/yyyy | **Contracted hours worked per week** | **Average hours worked per week** |
|       |       |       |       |       |       |       |       |
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Use an additional sheet if needed.

|  |  |
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| National Insurance number |       |

**Section 3 – Recent NHS employment details – answer all questions**

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| Name and address of current or last NHS employer |       |

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| Are you a member of the NHS Pension Scheme?  | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you in receipt of an NHS Pension?  | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |
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| Do you intend to claim an NHS pension in the next 12-months?  | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |
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| Have you purchased ‘Added Years’? | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |
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| Do you have a Money Purchase AVC (Equitable Life at the time) | Yes | [ ]  | No | [ ]  |

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| Do you have a Free Standing AVC (other provider) | Yes | [ ]  | No | [ ]  |

(AVC – Additional Voluntary Contribution)

**Section 4 - supportive evidence and declaration**

Supportive documentary evidence is very useful in validating your claim and also helps us to construct the backdated membership. Where possible please enclose copies of your payslips, contract of employment, appointment letter, P60 or any other documents that may help identify the dates and employment detail – please number the documents to match the jobs on the previous page.

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| --- | --- |
| I have enclosed supportive evidence and numbered each attachment with the employments listed in section 2. | [ ]  |

|  |  |
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| I do not hold any supportive documentary evidence I can provide. | [ ]  |

Please sign below and send this completed form to NHS Pensions to investigate.

To the best of my knowledge I declare that the information I have provided is correct and complete.

|  |  |
| --- | --- |
| Signature |       |
|  |  |
| Date (dd/mm/yyyy) |       |   |

You may wish to keep a copy of this form for your own records.

Note: all third party requests must include a signed letter of authority from the Scheme member.