

Application to contribute to the NHS Pension Scheme under a Section 7(2) Direction

Important notes for the Direction Employer

Access to the NHS Pension Scheme is only available to an employee who fully satisfies the criteria detailed in a section 7(2) direction ('the direction document').

An eligible employee must make an application to contribute to the NHS Pension Scheme within 3 months of the date of commencement of the relevant employment. As such this form should be given to the eligible employee at the earliest opportunity.

The employee may only commence contributions in accordance with the effective date as detailed in the direction document.

Important notes for the Employee

If your employment fully satisfies the criteria detailed in a section 7(2) direction ('the direction document') you may make an application to contribute to the NHS Pension Scheme.

This form is your application to pay contributions into the NHS Pension Scheme.

You must return the completed form to your employer within 3 months of commencing employment. If your application is late it may have to be turned down.

Notes for Medical School Employment Only

You may only apply to contribute to the NHS Pension Scheme if your employment is in that part of the Medical School in which instruction is given to Medical or Dental students only, or in a post graduate institute for medical or dental research.

You cannot contribute to the NHS Pension Scheme if you have been transferred from the NHS to the Medical School under a NHS Re-organisation initiative.

Part 1 – To be completed by you

NHS Pension Ref No. (if you know it):

To:
(name and address of your new employer)

Surname:

Other names:

Date of Birth:

I hereby state that I last paid contributions to the NHS Pension Scheme while
working as:

at (name last place of pensionable
NHS Work):

That job ended on:

Did you take out an AVC contract in this previous NHS employment? Yes No

I do not wish to pay contributions to the NHS Pension Scheme

I want to continue to pay pension contributions during my present job as

Which started on:

Signature:

Date:

Data Protection Act 1988: Fair Processing Notice

The NHS Business Services Authority - Pensions Division will only use the information that you have provided on this form for as long as is required by law. Your details will then be removed from our files. We will not transfer your Personal Data outside the European Economic Area or disclose it to any third party other than for the purposes of detecting and preventing fraud and errors or as required by law. We may contact you to discuss your application by any of the methods you have entered on this form.

Now send this form to your new employer

Part 2 – To be completed by the employer

EA Code

Date form given officer

Date form received from officer

Date job started:

(If this is more than 3 months ago please attach an explanation for the delay)

Working: Whole-time

Part-time - give proportion of whole-time

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

 i.e.

20	00
37	50

National Insurance No.

Was this employee compulsorily transferred to your employment as part of a TUPE or TUPE like arrangement? Yes No

**For Medical School Employment Only
Please tick the box which applies**

Does this person contribute to the Universities Pension Scheme during this employment? Yes No

Has this person been transferred to the Medical School from the NHS under NHS re-organisation? Yes No

Will this person be employed by that part of the Medical School in which instruction is given to Medical or Dental students only or, in a post graduate institution for medical or dental research? Yes No

Signature:

Date:

Now send this form with the joining form SS10 to: NHS Pensions,
Hesketh House
200-220 Broadway
Fleetwood
Lancashire
FY7 8LG

Employer Helpline: 0845 610 1119
Customer Contact Centre: 0845 421 4000

Part 3 – To be completed by NHS Pensions

Officer wishes to contribute to the NHS Scheme whilst employed at:

Officer does not wish to contribute to the NHS Scheme whilst employed at:

EA Code:

1. Was the request made in time?

Yes go to question 2

No query delay with direction employer

2. Is the officer entitled to contribute?

Yes go to question 3

No send rejection letter to officer and notify employer Sign and date below

3. Has SD55 been received from the previous authority?

Yes go to question 4

No obtain date of termination by phone

Previous EA Code:

Telephone No.

Date that previous employment terminated

4. Date this employment commenced

If overlap, enter date when pensionable

5. Prepare acceptance letter SM324

SM324 prepared

6. Has SS10 been received?

Yes Submit form for input

No

Assessor's Signature:

Date:

Checker's Signature:

Date: