

Business Services Authority

NHS Pensions - Joining or rejoining the NHS Pension Scheme (SS14)

Ple	ease leave the shaded boxes b	blank					
1.	National Insurance number						
2.	Membership number	SD	/				
3.	Date of birth		/	/			
4.	Has date of birth been verified?	Yes	= 1	No	= 2		
5.	Surname						
6.	Other names						
7.	Previous surname (if any)						
8.	Title eg Mr Mrs Miss Dr						
9.	Gender	Male	= 1	Fem	ale =	2	
10.	EA Personnel Reference Numb	per					
11.	Name of organisation						
12.	EA Code						
13.	Date practitioner became per	nsionable in present employment	/	/			
14.	State whether Type 1 (principal Type 2 (assistant) practitioner of freelance GP locum			= 5 = 6 = 9			
15.	If a Type 2 give name and address of Type 1 (principal)						
16.	State whether Medical, Dental or Ophthalmic	Medical Dental Ophthalmi	С	= 3 = 8 = 10			

17. National Insurance cor class in this employmen		if class 1 (Employed Ea if class 2 (Self-employe		
18. Additional notes code				
19. Practitioner's home address (if available)				
Postcode				
Email address				
The Members Guide to Signature	to the NHS	Pension Scheme h	as been issued	d to the practitioner.
Date				
Name and Address stamp				

Notes: Guidance on completing this form is available in the Joiners section of our website.