

NHS Pensions - Out of Hours Provider (OOHP) application for NHSPS Employing Authority (EA) status

Part 1 To be completed by the OOHP

1. Full title of the OOHP

3. Name of person responsible for providing NHS Pensions with pension information

2. Official Business address of the OOHP

Post code									

4. E-mail address of the person named at 3

5. Telephone number of the person named at 3

6. Postal address of the person named at 3

Post code									

7. Are you a limited company (see description below before 'ticking' the relevant box)

Yes go straight to 9 No go to 8

A company limited by guarantee, where the majority of the members (i.e. owners) are either GMS or PMS contractors whose GMS or PMS contracts require them to provide out of hours services, or GPs who are partners or shareholders of such a contractor (and all the remaining members are other GMS or PMS contractors or GPs who are partners or shareholders in such contractors). The company must have a contract to provide out of hours services for GMS or PMS contractors, a PCT or LHB in Wales. The company's business of providing out of hours primary medical services must be operated wholly or mainly in a way which is of a 'mutual trading' character.

8. Are you a body corporate (see description below)

Yes go to 9 No **You cannot become an NHS Pension Scheme EA**

9. The date you want NHSPS EA status to begin

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10. Your signature

11. Your name in CAPITALS and position held

12. Today's date

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Please send this form **by post** with a copy of the Company Certificate (or your Companies House registered number) to either the Finance Dept or the Operations & Primary Care Dept of the principal PCT/LHB with whom you have a contract to provide NHS Out of Hours services; keep a copy of this form for your records.

Part 2 To be completed by the PCT/LHB

Please the box below that relates to this provider

I have read the guidance on the Agency's website www.nhsbsa.nhs.uk/pensions and/or in Technical Newsletter 3/2005, have seen the Company Certificate (or equivalent) and am satisfied that the Out Of Hours Provider (OOHP) named above,

meets the criteria of a NHSPS EA

does not meet the criteria of a NHSPS EA

Name of PCT/LHB

Signature

Date

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Name

Position at PCT/LHB

Please send a copy of this form to the OOHP, retain a copy for your own records and send original to Mr Ross Mathieson, PDU, NHS Pensions, PO Box 2269, Bolton, BL6 9JS.