

NHS Pensions - Comparison pack request form

Please complete this request form to let us know how you wish to proceed. This form must be returned to us within three months from the date we let you know about the options available to you.

If you **do not** want to transfer your deferred benefits, you do not need to take any action and your deferred benefits will remain in the 1995/2008 Scheme.

If you **do** want to receive a personalised comparison pack please complete and return this form to the address provided below.

First name	<input type="text"/>
Surname	<input type="text"/>
Membership number	SD <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Yes, I would like a personalised comparison pack so that I can decide whether I would like to transfer my deferred benefits.

Marital status

<input type="checkbox"/> Single			
<input type="checkbox"/> Married	Date of marriage	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Spouse's gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<input type="checkbox"/> Formed civil partnership	Date of civil partnership	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> Divorced / civil partnership dissolution	Date of Decree Absolute / Civil partnership dissolved	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> Widowed / surviving partner	Date of spouse / civil partner's death	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Signed

Date / /

Once completed please send to:

NHS Pensions, PO Box 2269, Bolton, BL6 9JS