For internal use only: please register as ESTH17A

**NHS Pensions - AW295 (GP - IP2016)**

**5 April 2016 Valuation Request**

**Please ensure all of this form is completed before returning it to NHS Pensions or it may delay your request**

**Part A**

**Section 1 – Your personal details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| Other names |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| Telephone number |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| Email address |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| National Insurance no. |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  | | | | | | | | | | | | | |
| Membership number (if known) |  | | | | | | | | | | | | | |

If you are acting on behalf of the Scheme member, their written authority to release information to you is required. If this has not already been provided to NHS Pensions, please arrange for authorisation to be sent with this form. Please provide your details below and also your relationship to the member (e.g. solicitor, client, parent, child etc.).

|  |  |
| --- | --- |
| Your name or company name |  |
|  |  |
| Relationship to the member |  |
|  |  |
| Your address |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Telephone number |  |
|  |  |
| Email address |  |

Any information provided will be sent to the requestor’s address.

**Section 2 – Individual Protection valuations required**

|  |  |
| --- | --- |
|  | I would like NHS Pensions to provide the following valuation of benefits: |

|  |  |  |
| --- | --- | --- |
| Individual Protection 2016 (IP2016) valuation |  | £120 |

**Section 3 – Declaration**

|  |  |
| --- | --- |
|  | I agree to pay the applicable charge for provision of the information specified at Part 2 of this form. |
|  |  |
|  | I have read the ‘Requesting an estimate’ notes provided on the NHS Pensions website at: [www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions) |

|  |  |  |
| --- | --- | --- |
| Signature |  | |
|  |  | |
| Name (please print) |  | |
|  |  | |
| Date | /    / |  |

**How we use your information**

The NHS Business Services Authority – NHS Pensions will use the information provided for administering your NHS Pension Scheme membership and processing payment of your NHS pension benefits. We may share your information to administer and pay your NHS pension, enable us to prevent and detect fraud and mistakes, for debt collection purposes, or as required by law. For more information about who we share your information with and how long we keep your personal data and your rights, please visit our website at [www.nhsbsa.nhs.uk/yourinformation](http://www.nhsbsa.nhs.uk/yourinformation)

**Section 4 - Payment**

Please confirm which of the following payment methods you have chosen:

|  |  |
| --- | --- |
|  | **Bank transfer payment**  The bank account details for electronic payments are as follows:  **Sort code: 60-70-80**  **Account number: 10021205**  Your reference must include the National Insurance number of the member followed by their surname. Your request cannot be processed without this information.  You need to email a copy of this form to [nhsbsa.pensionsmember@nhsbsa.nhs.uk](mailto:nhsbsa.pensionsmember@nhsbsa.nhs.uk) or use the following postal address:  NHS Pensions  PO Box 2269  Bolton  BL6 9JS |
|  |  |
|  | **Cheque**  The cheque should be made payable to ‘NHS Business Services Authority’, enclosed with this form and posted to:  NHS Pensions  PO Box 2269  Bolton  BL6 9JS |

**All charges include VAT at the standard rate of 20%**

**Part B**

**Please tick which type of general practitioner you are:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medical** |  | **Dental** |  | **Ophthalmic** |  |

**Important:**

If you are a medical or ophthalmic practitioner this request cannot normally be made until after May 2018 when we have your confirmed pensionable earnings, unless you are intending to retire before this date.

If you are a dental practitioner this request cannot normally be made until after September 2017 when we have your confirmed pensionable earnings, unless you are intending to retire before this date.

|  |  |  |
| --- | --- | --- |
| Are you intending to retire before 31 May 2018 or 30 September 2017 (see above)? | Yes | No |

|  |  |  |
| --- | --- | --- |
| If **yes** please provide the intended date: |  | |
|  | |  | |
| Confirmed pensionable earnings at 31/03/2015 | | £ | |
|  | |  | |
| Estimated or confirmed pensionable earnings at 31/03/2016 | | £ | |
|  | |  | |
| Estimated or confirmed pensionable earnings at 05/04/2016 | | £ | |

|  |  |  |  |
| --- | --- | --- | --- |
| Member signature |  | Date |  |