For internal use only, please register as ESTH16A

**NHS Pensions - AW295 (Officer - IP2014)**

**Individual Protection 2014 Valuation request at 05/04/2014**

Not to be used by general medical, dental or ophthalmic practitioners, please use form AW295 (GP - IP2014)

Please ensure that both Part A and Part B of this form are fully 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 estimated pension benefit statements: |

|  |  |
| --- | --- |
| Individual Protection 2014 (IP2014) valuation | £120  |

**Section 3 - Declaration**

|  |  |
| --- | --- |
| [ ]  | I agree to pay the applicable charge for provision of the information specified at Part 2 of this form. |

|  |  |
| --- | --- |
| 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 or use the following postal address:NHS PensionsPO Box 2269BoltonBL6 9JS |
|  |  |
| [ ]  | **Cheque** The cheque should be made payable to ‘NHS Business Services Authority’, enclosed with this form with Part B completed by your employer and posted to:NHS PensionsPO Box 2269BoltonBL6 9JS |

**Please note:**

* If the form is not fully completed it will be returned.
* All charges include VAT at the standard rate of 20%.

**Part B – for completion by the NHS Employing Authority only**

**NHS Pension Scheme – Individual Protection 2014 urgent request for pensionable data and pay**

The member previously named has asked for a valuation of their pension benefits at 05/04/2014 in order to apply for Individual Protection 2014. Please provide the following information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | **Membership details have been updated to 31/03/2014?** | [ ]  | Yes | [ ]  | No |

Membership from 01/04/2013 – 31/03/2014 is:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | whole time |  |  |  |  |
|  |  |  |  |  |  |
| [ ]  | part time | [ ]  | Contract |       | hours/sessions worked |

|  |  |
| --- | --- |
| **2.** | **Membership from 01/04/2014 – 05/04/2014 is:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | whole time |  |  |  |  |
|  |  |  |  |  |  |
| [ ]  | part time | [ ]  | Contract |       | hours/sessions worked |

|  |  |
| --- | --- |
| **3.** | **Pay details**  |

Please confirm the actual pensionable pay in the best of the last 3 years (for 2008 section members please provide the actual pay in the period):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | From |  | To |  | Disallowed |  | Amount |
|  | Year | Day | Mth | Year |  | Day | Mth | Year |  | Days |  | £ | p |
| (i) | Last  |  |  |  |  |  |  |  | 0 | 5 | 0 | 4 | 1 | 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (ii) | Middle  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (iii) | Earliest  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **For ALL part time members** please give the NOTIONAL WHOLE TIME pensionable pay for each of the last 3 years, or lesser period if applicable. This figure should be the pensionable pay that **would have** been paid in a single comparable whole time employment.   |  |
| £ | p |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**For Part Time Specialists:**

|  |  |  |
| --- | --- | --- |
| (i) | **Include** Distinction Awards. Show class (A+, A, B) |       |
| (ii) | **Include** Clinical Excellance Awards. Show class (1 - 11) |       |
| (iii) | **Exclude** any Domiciliary Visit fees. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are the above figures:** | **[ ]**  | **Confirmed** | **[ ]**  | **Provisional** |
|  |  |  |
| If **provisional** is the member intending to retire in the next 4 months?  | [ ]  | Yes | [ ]  | No |
|  |
| If 'Yes' please provide the intended date |       |
|  |  |
| **4.** | **Details of the person at the Employing Authority requesting this valuation:** |

|  |  |
| --- | --- |
| Signature |       |
|  |  |
| Initials and surname (please PRINT) |       |
|  |  |
| Telephone number |       |
|  |  |
| EA name and address stamp |       |