NHS

Dental Services

Revised 2014/2015 - Net Pensionable Earnings Declaration

Section 1 - Provider information

Please enter details

Provider name (or Company Name) _____ **Contract Number** _____

Name of Company shareholders/partners if applicable

_____ _____ _____

_____ _____ _____

Declaration of Payments, under your contract agreement, for year ending 31 March 2015

Seniority Pay (£) _____ **Maternity Pay (£)** _____

Long Term Sick Pay (£) _____ **Paternity Pay (£)** _____

Adoption Leave Pay (£) _____

Annual contract value (£) _____

Maximum net pensionable earnings (NPE) _____ **(43.9 % of annual contract value above)**

Section 2 - Pensionable performers

Please complete your revised figures below and enter a reason for the change in the box provided. Continue on another sheet if necessary.

Performer Name	Performer Number	Actual pensionable earnings	Performer signature
		£ :	
		£ :	
		£ :	
		£ :	
		£ :	
		£ :	
		£ :	
		£ :	
Total net pensionable earnings (NPE)		£ :	

Reason for Change

Supporting the NHS, supplying the NHS, protecting the NHS

NHS Dental Services is a service provided by the NHS Business Services Authority

NHS

Dental Services

Section 3 - Non Pensionable performers

Please complete your revised figures below and enter a reason for the change in the box provided. Continue on another sheet if necessary.

Performer Name	Performer Number	Actual net pensionable earnings equivalent (NPEE)	Performer signature
		£ :	
		£ :	
		£ :	
		£ :	
		£ :	
		£ :	
		£ :	
		£ :	
Total non pensionable earnings (NPEE)		£ :	

Reason for Change

Summary

Maximum net pensionable earnings (NPE)	£ :
Figure from section 2	
less total NPEE	£ :
Sum of section 3	
Total NPE available for pension scheme members. Figure in section 2 must not exceed this	£ :

Section 4 - Declaration

I declare that I am the Provider named on this form.

For the purposes of verification I consent to the disclosure of information provided on this form, and sufficient documentary evidence to;

the Secretary of State, Area Teams, Local Health Boards and NHS Dental Services.

I understand that the administration of NHS Dental Services and responsibility for anti-fraud work in the NHS are both responsibilities of the NHS Business Services Authority.

I understand that NHS Dental Services may share the information on this form with NHS Protect, a division of the NHS Business Services Authority, for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the health service.

I declare that the information provided on this form is complete, accurate and has been agreed with any performers associated with the contract. I understand and accept that if I provide NHS Dental Services with false or misleading information, I may be liable to prosecution and/or civil

Print Name.....

Signature..... **Date**.....

PLEASE RETURN BY POST TO: Administration, 1 St Anne's Road, Eastbourne, BN21 9UN

You may wish to take a copy for your records