## **NHS** Business Services Authority

## **NHS Pensions**

Re-employment of a NHS pensioner

Го	NHS Pensions PO Box 2268 Bolton BL6 9JR	From	
		EA Code	
		Name	
		Address	

Details of Pensioner						
Reference						
Surname						
Other Names						
NI Number						
Date of Birth						
Details of re-employment						
Date re-employment commenced:						
Grade						
Working at						
Type of Employment						
Tick one box	Full Time					
	☐ Part Time					

## **Details of Earnings**

**Note:** Earnings shown below are classed as "pensionable pay" as defined in the NHS Regulations. This applies whether the pensioner is paying pension contributions or not. The earnings **include** pensionable allowances, night duty payments, weekend enhancements but **exclude** overtime and any payments for temporary additional sessions.

## The boxes ticked below show the earnings in this re-employment.

	Fixe	ed salary	🗌 a week		
	Gros	ess pay on date re-employment began £	a month		
	Hou	urs worked per week if re-employed part time	🗌 a year		
	Hourly Paid				
	Hou	urs worked per week if re-employed part time	Regular		
	["Variable" means no regular pattern over a period of at least 2 or 3 Uriable Variable Variable Variable				
	Gros	oss hourly pay on date re-employment began £	🗌 an hour		
	Othe	her pensionable allowance (s)etc £	🗌 a week		
	Prac	gular shift basis     - A statement showing weekly earnings in actitioner       - A separate certificate of earnings will be sultant working on a sessional basis       Re-employment is on an "as and when required" basis       - A separate certificate of earnings will be sent each quarter       Re-employment is for less than 7 days       Number of sessions worked in this employment       Re-employment is on a regular sessional contract       Sessions worked per week       Rate of pay for each session £       OR     Annual Sala       Domiciliary visit and other irregular fees       (The consultant may be asked to perform DV's or there may be oth       - A separate certificate of earnings will be sent each quarter	e sent each quarter		
		Total amount for DV fees, if known £			
_		Total amount for other irregular fees, if known £			
		140 A, to close this employment			
Tick one box is attached will follow					
I cert	ify th	hat the details shown above are correct			
Signature (finance officer) EA Stamp Please do not use a facsimile signature Stamp					
Date					