**NHS Pension Scheme: Claim for GP Solo work from April 2019 onwards**

This form must be completed when a GP, other than a freelance GP locum, performs pensionable fee based (self-employed) ad-hoc work, for example Out of Hours, CCG, GPwSI, etc for an NHS Pension Scheme Employing Authority. Please read the guidance notes before completing the form.

* The employer contribution rate is 14.3% of pensionable pay + the scheme administration levy of 0.08%. The total to be paid over in year 2019/20 is therefore 14.38%.
* In England, the ‘employer’ (i.e. the OOHP or CCG) must send this form and the correct contributions to the host Employing Authority, which is NHS England / Primary Care Support England (PCSE). If your organisation has chosen to send annual GP SOLO forms please refer to guidance on PCSE’s website
* In Wales, the ‘employer’ must send this form and the correct contributions to the Local Health Board (LHB).
* **Do not** use this form if the service level agreement is with a surgery and the payment is made directly to the surgery (i.e. pooled) rather than to an individual GP. The 14.38% employer contribution and administration levy must be included in the payment.

**Part 1: To be completed by an authorised signatory (i.e. payroll manager) of the ‘employer’**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Member Name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Insurance number | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NHS Pension Scheme Membership (SD) Number | | | | | | | | |  | |  | |  | | |  | |  | |  | |  | |  | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unique Paying Reference (UPR) | | | | | | | | |  | |  | |  | | |  | | S | | O | | L | |  | | | |  | |  | |  | |  | | | 2 | 0 |  |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EA code: | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please enter the dates the payment below relates to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  |  | / |  |  | / |  |  | |  | |  | | | to | |  | |  | | / | |  | |  | / | | |  | |  |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pay made to the GP, **excluding** NHS Pension Scheme employer 14.38% contributions, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | £ | | | | | A | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Professional NHS expenses. Enter NIL if no expenses incurred. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | £ | | | | | B | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GP’s NHS pensionable pay (A - B) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | £ | | | | | C | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NHS Pension Scheme tiered employee contribution rate (5%, 5.6%, 7.1%, 9.3%, 12.5%, 13.5%, 14.5% of Box C) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | % | | | | | D | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee contribution amount (C x D) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | £ | | | | | E | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional contributions for Added Years, Additional Pension, NHS AVC Scheme | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | £ | | | | | F | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | |
| Additional contributions for Early Retirement Reduction Buy Out (ERRBO) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | £ | | | | | G | |
| Total employee contributions (E + F + G) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | £ | | | | | H | |
| Total paid to member after deducting all employee contributions (C - H) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | £ | | | | | I | |
| NHS Pension Scheme employer contributions + administration levy (14.38% of Box C) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | £ | | | | | J | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | |
| Total NHS Pension Scheme contributions (H + J) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | £ | | | | | K | |

**Declaration**: I certify that this NHS Pension Scheme Employing Authority paid the GP the amount (excluding employer contributions + administration levy) shown in Box A, the pensionable pay is as stated in Box C, and that employee contributions have been deducted at the **correct tiered rate** taking into account the GP’s global GP pensionable NHS income.

|  |  |
| --- | --- |
|  | I have paid the amount shown in Box K to PCSE or the LHB by electronic transfer or by other means. Please read the guidance notes **before** making the payment. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signature / Name: |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Name of NHS Pension Scheme Employing Authority (in BLOCK CAPITALS) |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Date: |  |  | / |  |  | / |  |  |  |  |

**Part 2: To be completed by the GP**

I am a registered and qualified GP who is eligible to join the NHS Pension Scheme. I wish to claim membership of the Scheme and confirm that my pensionable pay is as stated above and that I have paid employee contributions at the **correct tiered rate,** taking account of **all** my GP pensionable NHS income. I understand that if I have not provided my contribution rate to the organisation in Part 1, the 14.5% tiered contribution rate will automatically be applied. I declare that all the information on this form is correct and that I have not undertaken this work under a commercial arrangement (i.e. as a limited company).

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 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).