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| *Employers address:*  Pensions Officer |  | *Your address:* |

**Form SM Retro1 – Retrospective membership application**

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| I was not enrolled into the NHS Pension Scheme during the following employment and wish to investigate possible retrospective membership.  I have read and understood both the membership record and retrospective membership enquiry factsheets. *Please tick this box:* |  |

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| Title (e.g. Mr, Mrs, Miss, Dr) |  |

|  |  |
| --- | --- |
| Surname |  |

|  |  |
| --- | --- |
| Former surname (if applicable) |  |

|  |  |
| --- | --- |
| Other names |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth |  |  | / |  |  | / |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Insurance number |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NHS Pension Scheme membership number (if known) | SD |  |  | / |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Employer payroll reference number (if known) |  |

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| --- | --- |
| Contact telephone number |  |

|  |  |
| --- | --- |
| Email address |  |

|  |  |
| --- | --- |
| Job title |  |

|  |  |
| --- | --- |
| Place of work |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employment start date |  | Leaving date (if left) |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Insurance number |  |  |  |  |  |  |  |  |  |

***Section 1 - Your statement of understanding to the employer/NHS Pensions – tick all boxes***

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| --- | --- |
| To the best of my knowledge after reading the factsheets, I am not aware of ever opting out of paying pension contributions, being informed of any other reason why I could not contribute or being informed of eligibility as a part time non-medical grade during this period of employment. |  |

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| I have received written or verbal confirmation from NHS Pensions that they do not hold a record or any knowledge of this employment. |  |

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| I am aware that if retrospective membership is confirmed for this period of employment, the outstanding contributions plus any relevant interest must be paid and I will not be able to change my mind at a later time. |  |

***Section 2 - Supportive evidence – tick only one box***

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| I have enclosed copies of my pay slips or other evidence to support my claim that I was not automatically enrolled into the Pension Scheme during this period of employment. |  |

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| I no longer hold any supportive documentary evidence I can provide. |  |

***Only tick this box if you cannot locate the relevant employer***

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| I am sending this application form to NHS Pensions, PO Box 2269, Bolton, BL6 9JS as I am unable to locate the relevant employer using the Employer Directory and member helpline. |  |

Now sign the declaration below and send this completed form to your employer to investigate (or NHS Pensions where applicable).

I declare that the information I have given is correct and complete.

|  |  |  |
| --- | --- | --- |
| Signature |  | |
|  |  | |
| Date |  |  |

You may wish to keep a copy of this form for your own records.

Note: all third party requests must include a signed letter of authority from the Scheme member.

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| **Note to the employer:**  Please confirm if I should have been enrolled into the NHS Pension Scheme during the employment detailed within this form and where relevant, send the full employment details to NHS Pensions.  Please refer to the Employer Membership Enquiry Factsheet and SM Retro2 form for your reply  (held in the Employer Hub section of our website). |