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| --- | --- | --- |
| *Member address:* |  | *Employers address:* |

|  |  |
| --- | --- |
| Employer email |  |

|  |  |
| --- | --- |
| Employer ref: |  |

|  |  |
| --- | --- |
| NHS Pensions reference: | SD |

|  |  |
| --- | --- |
| Date: |  |

**Form SM27D – Employer membership enquiry response**

Dear

I am writing in response to your recent NHS Pension Scheme membership enquiry.

After checking our employment records I have ticked the appropriate response below:

|  |  |  |
| --- | --- | --- |
|  | (1) | The information recorded in your membership record is correct. We have provided more information on the next page. |

|  |  |  |
| --- | --- | --- |
|  | (2) | The information in your membership record was found to be incorrect and we have made the necessary amendments. The details are shown on the next page. |

|  |  |  |
| --- | --- | --- |
|  | (3) | Your pension record was found to be incorrect but we are unable to make the required amendments. We have provided the details on the next page and also passed the necessary information to NHS Pensions who will make the required changes. They will contact you to confirm when your record has been updated. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | (4) | This office is unable to help with your enquiry. Details are provided on the next page or if relevant and where known, the correct contact details are shown below. | | |
|  |  | *Correct employer contact address:* |  | The employer address is not known, contact NHS Pensions direct using form SM27C from the website. |

|  |  |
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| NHS Pensions reference: | SD |

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| Employer to use this space to confirm details of any amendments made, details passed to NHS Pensions or reason why the records remain correct |
|  |

You **must** send this completed form to the member in **all** instances.

If you have ticked option (3) over the page you **must** send a further copy of this form to NHS Pensions to provide the necessary information.

|  |  |
| --- | --- |
|  | Tick here if this is a copy of the form you have sent to the member. |

|  |  |  |
| --- | --- | --- |
| Signature of Pensions Officer |  | |
|  |  | |
| Print name |  | |
|  |  | |
| Date |  |  |
|  |  | |
| EA / GP Code: |  |  |