|  |  |
| --- | --- |
| NHS PensionsPO Box 2269BoltonBL6 9JS | Employer Address |
|  |
|  | EA Code |       |
|  |
| Date |       |  | EA Ref |       |
|  |
| **Form SM R9 EA - Request to protect Pensionable Pay** |
| Please read the factsheet before completing this form and tick this box to confirm that you have | [ ]  |
|  |
| Member’s full name |       |
|  |
| Membership number |       | NI Number |   |   |   |   |   |   |   |   |   |
|  |
| Please select one box for the type ofprotection being requested | Protection of Pay (through no fault of the member) | [ ]  |
| Voluntary Protection of Pay (1995 Section only) | [ ]  |
| **1995 Section membership** |
|  |
| Complete for protected members who remain in the 1995 Section or those who have moved over to the 2015 Scheme with a salary link to their 1995 Section benefits. |
|  |
| Protection date (day before reduced pay or marked time commences) |       |  |
|  |
| Provide the **employer** Total Pensionable Pay (TPP) in all cases. |
|  |
| The 365 days TPP for the best of the last three years up to and including the protection date: |
|  |
| Period used: from |       | to |       | (account for any disallowed days) |
|  |
| Actual TPP (in all cases) |       | Notional whole time TPP (if part time) |       |
| **2008 Section membership** |
| Complete for protected members who remain in the 2008 Section or those who have moved over to the 2015 Scheme with a salary link to their 2008 Section benefits. |
|  |
| Protection date (day before reduced pay or marked time commences) |       |  |
|  |
| The pensionable pay from the 1 April up to and including the protection date only: |
|  |
| Period used: from |       | to |       | (account for any disallowed days) |
|  |
| Actual pensionable pay (in all cases) |       |  |
|  |
| Notional whole time pensionable pay (if part time) |       |  |
|  |
| Hours worked during this period (if part time) |       |  |
| **Note:** If concurrent part time employments exist during the 1995 or 2008 pay period, please complete the attached SM R9 Comp form. |

|  |
| --- |
| **Protection of Pay (through no fault of the member)** |
|  |
| Please provide a full description of the reason for the reduction in pay *(example; downgraded from a band 6 to a band 5 due to reorganizational change).* |
|  |
| (Attach a copy of the pay reduction notification and use a separate sheet if required). |
|  |
|       |
| Is the reduction in pay through no fault of the member? | Yes [ ]  | No [ ]  |
|  |
| Has the application been made within three months of the reduction in pay? If no, please provide the reason for the delay in the above box and attach supportive documentation wherever possible. | Yes [ ]  | No [ ]  |
|  |
| **Voluntary Protection of Pay (VPP)** |
|  |
| As the employer we have arranged a step down in duties for this member and can confirm the following: |
| (use a separate sheet if required) |
|  |
|       |
|  |
| Did the member step down to a less demanding job with less responsibility? Please provide further details, for example reduction from AFC band 7 to band 6. | Yes [ ]  | No [ ]  |
|  |
| Has the pay reduced by at least 10% for a period of at least one year, beginning with the first pay day on which the reduced pensionable pay was paid? (For example: if the member’s pay reduced on the 15 June and the pay day was the 25 June, the member’s pay would have to remain at the reduced rate until 24 June the following year).  | Yes [ ]  | No [ ]  |
|  |
| Is the request being made after 12 months but within 15 months of pensionable pay being reduced? If no, please provide the reason for the delay in the above box and attach supportive documentation wherever possible. | Yes [ ]  | No [ ]  |
|  |
| Has the pay been subject to any other reduction in the previous 12 months? | Yes [ ]  | No [ ]  |
|  |
| Once all information has been received, NHS Pensions will consider the application and write to you with the outcome. |
|  |
| Complete the following authorisation before returning this form to NHS Pensions and where applicable, remember to attach the SM R9 App form and SM R9 Comp. |
|  |
| I certify that the above information is correct. |
|  |
| Authorised Signature |       |  |
|  |
| Print Name |       |  |
|  |
| Official position |       |  |
|  |
| Direct telephone number |            |  |
|  |
| Email address |       |  |
|  |
| Date |       |  |
|  |

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| **SM R9 comp form -** This form is to be completed in all instances where a member has two or more concurrent part time employments falling within the pay period being used. This is because a part time worker can have differing rates of pay and for pension purposes means we need to calculate a composite pay figure of these employments. |
|  |
| Employment ID |       |  |
|  |
| Start of pay period | dd/mm/yyyy |  |
|  |
| End of pay period | dd/mm/yyyy |  |
|  |
| Actual pay | £      |  |
|  |
| Notional whole time pay | £      |  |
|  |
| Hours worked during this period |       |  |
|  |
| Employment ID |       |  |
|  |
| Start of pay period | dd/mm/yyyy |  |
|  |
| End of pay period | dd/mm/yyyy |  |
|  |
| Actual pay | £      |  |
|  |
| Notional whole time pay | £      |  |
|  |
| Hours worked during this period |       |  |
|  |
| Employment ID |       |  |
|  |
| Start of pay period | dd/mm/yyyy |  |
|  |
| End of pay period | dd/mm/yyyy |  |
|  |
| Actual pay | £      |  |
|  |
| Notional whole time pay | £      |  |
|  |
| Hours worked during this period |       |  |
|  |
| Employment ID |       |  |
|  |
| Start of pay period | dd/mm/yyyy |  |
|  |
| End of pay period | dd/mm/yyyy |  |
|  |
| Actual pay | £      |  |
|  |
| Notional whole time pay | £      |  |
|  |
| Hours worked during this period |       |  |
| Please note that there may be a delay before we can send you a full response if we need to obtain additional information from you or concurrent employment details from another employer. |