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| **The Pensions Officer/Practice manager** | | | | | | |  | **(Insert your full postal address)** | | | | | | | | | | |
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| **Form SM R9 App – Request to protect pensionable pay** | | | | | | | | | | | | | | | | | | |
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| **Application to NHS Pensions via the employer to protect pensionable pay.** | | | | | | | | | | | | | | | | | | |
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| Please read the Protection of Pay and Voluntary Protection of Pay Factsheet before completing this form and then tick this box to confirm that you have done so. | | | | | | | | | | | | | | | | | |  |
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| Surname | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Other names | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| National Insurance number | | | |  |  |  | | |  |  |  |  | |  |  |
|  | | | | | | | | | | | | | | | | | | |
| Payroll number | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Start date of reduced pay or mark time | | | |  | | | | | | | | | | | | | | |
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| (Only answer and select **one** of the following declarations): | | | | | | | | | | | | | | | | | | |
| **1.** |  | I wish to apply for protection of my pensionable pay, as I have suffered a reduction through no fault of my own within the last three months due to the following reason: | | | | | | | | | | | | | | | | |
| (Please provide full details of why your pay has reduced, for example: ‘On dd/mm/yyyy I was downgraded from AfC band 6 to a band 5 due to reorganisational change, redundancy, through ill health etc. Use a separate sheet if required). | | | | | | | | | | | | | | | | | | |
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| **2.** |  | I wish to apply for Voluntary Protection of Pay as I have chosen to ‘step down’ to a less demanding role with less responsibility. I am making my application after 12 months but within 15 months of my pay being reduced. | | | | | | | | | | | | | | | | |
| (Please provide full details about the step down, for example: On dd/mm/yyyy I arranged with my employer(s) to step down from an AfC band 7 to a band 6 job. Use a separate sheet if required). | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | | | | Date | | | |  | |
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| Please ensure you have completed all relevant boxes before sending this form to **your employer** as incomplete applications will be returned to you. | | | | | | | | | | | | | | | | | | |
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| **Note for the employer:** Please refer the website and read the employer protection of pay and voluntary protection of pay factsheet. | | | | | | | | | | | | | | | | | | |