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| **The Pensions Officer/Practice manager** |  | **(Insert your full postal address)**  |
|       |  |       |
| **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. | [ ]  |
|  |
| Surname |       |
|  |
| Other names  |       |
|  |
| National Insurance number |   |   |   |   |   |   |   |   |   |
|  |
| Payroll number  |       |
|  |
| Start date of reduced pay or mark time |       |
|  |
| (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). |
|       |
|  |
| Signature |       | Date |       |
|  |
| 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.  |