

Net Pensionable Earnings Declaration



Section 1 - Provider information

Provider name (or company name)

Contract number

Name of company shareholders/partners if applicable

This declaration relates to / financial year

Section 2 - Pensionable performers

Please complete your revised figures below and enter a reason for the change in the box provided. Continue on another sheet if necessary.

Any changes listed below must include the performer's signature to be accepted.

Performer name	Performer Number	Net Pensionable Earnings	Performer signature
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
Total net pensionable earnings (NPE)		£	

Reason for change

Section 3 - Non pensionable performers

Please complete your revised figures below and enter a reason for the change in the box provided. Continue on another sheet if necessary.

Any changes listed below must include the performer's signature to be accepted.

Performer name	Performer Number	Actual net pensionable Earnings (NPEE)	Performer signature
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
Total non pensionable earnings (NPEE)		£	

Reason for change

Section 4 - Declaration

I understand that NHS Dental Services may share the information on this form with the NHS Counter Fraud Authority and local commissioners for the prevention, detection, and prosecution of fraud.

I declare that the information provided on this form is complete, accurate and has been agreed with any performers associated with the contract. I understand that if I provide false or misleading information I may be liable to prosecution.

Print name

Date

		/			/				
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Signature

Please return to: **dentalpensions@nhsbsa.nhs.uk** or **PO BOX 679, Newcastle upon Tyne, NE5 9DZ**

Please keep a copy for your records.