

## NHS Pensions - Pay details request form cash equivalent transfer value (CETV) (PD2)

An urgent CETV is required. Please read the guidance below and complete the appropriate sections of the form with accurate information and return it as soon as possible.

### Guidance

- Please refer to our website for guidance on pensionable pay and deemed pay [www.nhsbsa.nhs.uk/employer-hub/technical-guidance/pay-and-contributions](http://www.nhsbsa.nhs.uk/employer-hub/technical-guidance/pay-and-contributions)
- For an active member, please ensure our records are updated to the previous scheme year end. The assumed date of leaving is the date you receive this form from the member.
- Where the member is a transition member (for example, a member of the 1995/2008 Scheme and the 2015 Scheme), please use the same assumed date of leaving in both Schemes.
- Please confirm the period used for the pay and give any details of deemed pensionable pay, for example, sickness or maternity pay.
- If there is any period of sick leave with reduced pay, please include the full rate of pay.
- Please tell us if there have been any changes during the pay period that will affect the contributions, for example, whole time to part time and if appropriate please provide the change date.
- If the member has left, please update the final SD55 and tick the box below confirming you have done this. There is then no requirement to provide any other information requested.

EA code:	<input type="text"/>	Personal ref:	<input type="text"/>
Name of member:	<input type="text"/>	Membership No:	SD
Current/last NHS employer:	<input type="text"/>		

**For a member of the 1995/2008 Scheme or the 2015 Scheme**, we will use the employer's pay on our records. However, we need the employer pay (and the employee's pensionable hours if part time) from 01/04 to the date you received the form (assumed date of leaving).

I confirm the period used for the employer pay is:

0	1	/	0	4	/					to			/			/				
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The employer pay is  £

of which  £ is deemed pay

This member is part time the hours worked from

0	1	/	0	4	/					to			/			/				
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For a practitioner member, please supply the pensionable pay from 01/04 to the assumed date of leaving. If you have not received figures from the GP yet, please also attach the estimated figures to the assumed date of leaving.

£

**Any other information, for example, date changed from whole time to part time, or part time to whole time (including part time fraction and part time hours to assumed date of leaving or date of change)**

Signature

Date 

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**Official stamp**