

NHS Pensions – request for an estimated benefit statement

We aim to provide an estimated benefit statement within 40 working days from the date we receive all the information we need.

You will need to complete part 1 to part 3 and part 5 of the form. Only complete part 4 if your request is chargeable. Your completed form can be emailed to: pensionscanquery@nhsbsa.nhs.uk Use your @nhs.net email if you have one as personal emails are sent at your own risk. Or you can post it to:

NHS Pensions
PO Box 683
Unit 5
Newcastle Upon Tyne
NE5 9EE

You can view and download information about the different types of retirements in our scheme guides and factsheets available on our website at: www.nhsbsa.nhs.uk/nhs-pensions.

Part 1 – Estimate options and applicable charges

Important note: We cannot normally project practitioner benefits to future dates as we do not know upcoming dynamising and revaluation factors provided to us by HM Treasury on an annual basis.

Select the option below that applies to your request. If more than one estimate is required, give the reason in part 2 Additional information.

	Estimate option	Information										
<input type="checkbox"/>	<p>Annual Benefit Statement (value of benefits at the last year end update on your record or date of leaving)</p>	<p>This is normally provided automatically to members each year, via the Total Rewards Statement portal in ESR or My NHS Pension.</p> <p>Only request a benefit statement from us if;</p> <ul style="list-style-type: none"> • you do not have access to an annual benefit statement via the Total Reward Statement in ESR or My NHS Pension, if registered or • you require an estimate that includes additional pension, protection of pay or multiple deferred periods <p>We do not provide projection of 2015 benefits at State Pensionable Age. This is because we cannot determine what future revaluation rates or earnings will be in future years.</p>										
<input type="checkbox"/>	<p>Ill health retirement</p> <p>Early retirement on the grounds of ill health at a specified date.</p> <p>Confirm the date:</p> <table border="1" data-bbox="236 1104 772 1160"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td> </tr> </table>			/			/					<p>Applicable If you have at least 2 years' membership and are too ill to work in your present job, or you are a deferred member and become too ill to undertake any regular employment.</p> <p>We can authorise benefits if an ill-health application is made using form AW33E (from your employer) or AW240 (for deferred benefits) Once either of these forms have been approved, an AW8 or AW8P application form would need to be submitted to claim these benefits.</p>
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<input type="checkbox"/>	<p>Hypothetical pension benefit calculation</p> <p>This is for a hypothetical scenario for which no pension benefit entitlement currently exists.</p>	<p>An estimate of benefits based on the hypothetical circumstances specified at Part 2.</p> <p>There is a charge of £120 per estimate scenario. Provide payment information in part 4.</p>										
<input type="checkbox"/>	<p>Early retirement benefits</p> <p>Please indicate the intended early retirement date:</p> <table border="1" data-bbox="236 1783 772 1839"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td> </tr> </table>			/			/					<p>These benefits will be reduced to take account of them being paid early.</p> <p>The earliest date that you can claim your pension is known as minimum pension age and does vary depending on which scheme you are in and when you started pensionable employment. Refer to the early retirement section in the scheme guides for this information.</p>
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Part 2 – Additional information

Add below any further information which will help ensure we provide you with the correct information. Continue on a separate sheet if required.

Part 3 – Member's personal details

Surname

Other names

Address

Telephone number

Email address

National Insurance no.

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Membership number
(if known)

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If you are acting on behalf of the Scheme member, their written authority to release information to you is required. If this has not already been provided to us, NHS Pensions, arrange for authorisation to be sent with this form. Provide your details below and also your relationship to the member (such as, solicitor, client, parent, child).

Your name or company name	<input type="text"/>
Relationship to the member	<input type="text"/>
Your address	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

Any information provided will be sent to the requestor's address.

Part 4 – Payment

If applicable, please confirm which of the following payment methods you have chosen:

- Bank transfer payment

The bank account details for electronic payments are as follows:

- sort code: 60 70 80
- account number: 10021205
- account name: NHS BSA

Your reference must include the National Insurance number of the member followed by their surname. Your request cannot be processed without this information.

- Cheque

The cheque should be made payable to 'NHS Business Services Authority', enclosed with this form and posted to:

NHS Pensions
PO Box 683
Unit 5
Newcastle Upon Tyne
NE5 9EE

All charges include VAT at the standard rate of 20%.

Part 5 - Declaration

Signature

Name (please print)

Date

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How we use your information

For more information about how the NHSBSA processes your personal data, please see our Privacy Notice - www.nhsbsa.nhs.uk/our-policies/privacy/nhs-pensions-privacy-notice.