**Election to purchase Additional Pension**

Before completing this form, please read the ‘Additional Pension’ factsheet available on our website

**Part A - To be completed by the member**

**Section 1 – About you**

|  |  |
| --- | --- |
| Surname |       |
|  |  |
| First names |       |
|  |  |
| NI number |   |   |   |   |   |   |   |   |   | Date of birth |   |   | / |   |   | / |   |   |   |   |
|  |  |
| Membership number  | SD      |
|  |  |
| Payroll number |       |
|  |  |
| Address |       |

**Section 2 – About your Additional Pension**

|  |  |
| --- | --- |
| Amount to be purchased | £      |
|  |  |
| To be payable from: |   |   | / |   |   | / |   |   |   |   |
|  |  |
| [ ]  Age 60 | or | [ ]  Age 65 (1995 Section members) |
|  |  |
| [ ]  Age 65 (2008 Section members) |  |
|  |  |
| [ ]  Normal Pension Age (2015 Scheme members) |  |
|  |  |
| Type of cover: | [ ]  Self only | [ ]  Self only and dependants |
|  |  |
| Purchase arrangement: | [ ]  Instalments | [ ]  Lump sum |
|  |  |
| Payment period: |       | years |
|  |  |
| Date of application: |   |   | / |   |   | / |   |   |   |   |
|  |  |
| Total amount payable: | £      |
|  |  |
| Monthly payment: | £      |

You must give this application form to your employer within six weeks of the date of application. Failure to do so may increase the cost of your Additional Pension and could reduce the period available for payment of instalments.

**Section 3 – Member declaration**

|  |  |
| --- | --- |
| [ ]  | I confirm that I have read the ‘Additional Pension’ factsheet, which explains the basic rules for the purchase of an Additional Pension.  |
|  |  |
| [ ]  | I confirm that I am not absent from work and that I know of no reason that my health would prevent me from continuing in pensionable employment until the payment period is complete. |
| [ ]  | I understand that on a move to other pensionable NHS employment the Additional Pension continues were the break is less than 12 months, and on any such move it is my responsibility to inform any new Employing authority to avoid incurring arrears of contributions.  |

|  |  |
| --- | --- |
| Signature |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |    |   | / |   |   | / |   |   |   |   |

**How we use your information**

The NHS Business Services Authority – NHS Pensions will use the information provided for administering your NHS Pension Scheme membership and processing payment of your NHS pension benefits. We may share your information to administer and pay your NHS pension, enable us to prevent and detect fraud and mistakes, for debt collection purposes, or as required by law. For more information about who we share your information with and how long we keep your personal data and your rights, please visit our website at [www.nhsbsa.nhs.uk/yourinformation](http://www.nhsbsa.nhs.uk/yourinformation)

**Part B – To be completed by the employer**

Please verify the member’s date of birth.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Verified DOB |    |   | / |   |   | / |   |   |   |   |

If the member has elected to buy an Additional Pension in installments, please specify the employment from which the instalments will be collected.

|  |  |
| --- | --- |
| Employment ID |       |

**Employer declaration**

|  |  |
| --- | --- |
| [ ]  | I confirm that the member is in pensionable employment and not absent from work. |
|  |  |
| [ ]  | I agree to collect the payments shown overleaf and pay them to NHS Pensions promptly, in accordance with the Scheme regulations. |

|  |  |
| --- | --- |
| Pensions Officer signature |  |

|  |  |
| --- | --- |
| Print name |       |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |    |   | / |   |   | / |   |   |   |   |

|  |  |  |  |
| --- | --- | --- | --- |
| EA name |       | EA code |       |

|  |  |
| --- | --- |
| Telephone number |       |

|  |  |
| --- | --- |
| EA name stamp |       |

NHS Pensions will write to the member and the employer to confirm acceptance.