



SCOTTISH PUBLIC PENSIONS AGENCY

NHS (SCOTLAND) SUPERANNUATION SCHEME

APPLICATION FOR EARLY PAYMENT OF PRESERVED PENSION BENEFITS ON ILL-HEALTH RETIREMENT

PLEASE COMPLETE USING BLOCK CAPITALS AND BLACK INK

Superannuation No: SB

National Insurance Number

PART 1 YOUR PERSONAL DETAILS

Surname

Forenames (*in full*)
Maiden name (*if applicable*)

Date of Birth

Title (*tick box*)

Dr Mr Mrs Miss Ms

Present Address

Postcode:

Telephone No:

Mobile No:

E-mail:

PART 2 BANK DETAILS (*If you have difficulties with this section, ask your bank*)

Name of Account Holder:

Name of Bank/Building Society:

Branch:

Branch Address:

Bank Sort Code: (*this is the 6 digit number on your personal cheques*)

Account Number:

Building Society Roll Number:

Bank Account Type (*Current Account enter – 0, Deposit Account enter – 1*)

PART 3 DETAILS OF WIFE / HUSBAND / CIVIL PARTNER

What is your Status? Married Single
 Civil Partnership Widowed
 Divorced Nominated Non Legal Partner *
 Dissolution or Nullity of Civil Partnership (please tick)

a) Date of Marriage / Civil Registration:

Please give the following information regarding your Spouse, Civil Partner or Nominated Non Legal Partner (if applicable)

b) Title: Dr Mr Mrs Miss Other (please state)

c) Full Name

d) Date of Birth

e) National Insurance No:

Important - Please enclose the following certificates / documentation with this form:-

- **A copy of your birth certificate**
- If you are currently **Married** or in a **Civil Partnership** enclose your Marriage Certificate or Civil Registration Certificate with your Spouse's / Civil Partner's Birth Certificate
- If you are a **Widow / Widower / Survivor of a Civil Partnership** enclose your Spouse's / Civil Partner's Death Certificate.
- Date of Spouse's / Civil Partner's death
- If you are **Divorced** or your Civil Partnership has been **Dissolved** enclose the appropriate legal documents.
- Date of Divorce / Dissolution or Nullity of Civil Partnership
- If you are divorced or partnership dissolved, has a court order against part of your pension or lump sum been made? Yes No

*** Nominated Non-Legal Partner - Only applicable to members of the NHS Superannuation Scheme (Scotland) with contributing service on or after 1 April 2008, who have previously nominated a non-legal partner by completing and submitting to SPPA form SB 39.**

PART 4 ALLOCATION

- a) Do you wish to allocate part of your pension? (Yes – 1, No – 2)
- b) Have you allocated from a previous NHS pension? (Yes – 1, No – 2)

Note: Allocation is **giving up** a proportion of your pension to provide a pension for a dependant, after your death, in addition to any separate dependants’ benefits that may be paid. Contact the SPPA for further information.

PART 5 TAXATION – PLEASE COMPLETE BOTH SECTIONS

1. LIFETIME ALLOWANCE

Will the total of your pension from the NHS Superannuation Scheme and any other pensions currently in payment at or from retirement, exceed £60,000 per annum?

Yes No

If you have ticked yes, we will contact you again for further information. If you have not received a recent benefit statement or are unsure about the total value of your benefits, you should complete the detailed member declaration form which is available on request from the SPPA or can be downloaded from our website at www.sppa.gov.uk.

2. LUMP SUM DECLARATION (IF APPLICABLE)

Do you intend to use any part of your lump sum to fund additional pensions contributions to any other pension arrangement?

Yes No

If yes, please state the following:

- Do all of the retirement lump sums received from all schemes in the last 12 months exceed 1% of the current HMRC Lifetime Allowance? Yes No
- Does the amount you are investing exceed 30% of your retirement lump sum? Yes No

If you have ticked yes for either of the above, we will contact you again for further information.

For further guidance please refer to HMRC website at www.hmrc.gov.uk.

PART 6

DECLARATION - PAYMENT OF PRESERVED BENEFITS

I hereby declare that I understand that I am responsible for submitting any medical information that is required to support my claim for early payment of my preserved benefits under the National Health Service Superannuation Scheme (Scotland) Regulations 1995. In this respect I shall arrange to obtain from my GP, Consultant, or Occupational Health Advisor a completed AW8 med preserved form.

I also understand that I am liable for any fees/costs involved in the provision of such medical information.

I understand that completion of this form does not imply that the application for early retirement on ill health grounds will be accepted.

Please tick the appropriate boxes below:

AW8/Med (Preserved) Enclosed

AW8/Med (Preserved) to Follow

Working in NHS Employment

Not Working in NHS Employment

What was your previous job in the NHS?

Was your employment full time or part-time?

If part-time, please state the contracted hours you worked

Signature

Date

PART 7 COMMUTATION DUE TO REDUCED LIFE EXPECTANCY – TERMINAL ILLNESS

The NHS Superannuation Scheme (Scotland) Regulations includes a provision for the payment of a one off lump sum for members who's life expectancy after retirement is 12 months or less. This should be supported by medical evidence to this effect from the members medical adviser. It is generally accepted that this should be provided by a Consultant.

1. 1995 Regulations

Deferred members who left prior to 31 March 2008 May be entitled to a one-off lump sum equal to 5 times the preserved pension plus the preserved lump sum.

2. 2008 Amendment Regulations

Deferred members who left the scheme on or after the 1st April 2008 may be entitled to a one off lump sum payment equal to 5 times the preserved pension after maximum commutation plus the commuted lump sum.

If your illness is such that you wish to apply for a commuted ill health pension please indicate

(Yes No)

and either provide medical evidence with the application or have the medical evidence submitted direct to SPPA as soon as possible to SPPA, 7 Tweedside Park, Tweedbank, Galashiels TD1 3TE.

If you have indicated "Yes" please sign and date.

Signature

Date

PERSONAL CHECKLIST

You should complete and keep this part of the form for future reference

APPLICATION FOR AWARD OF PENSION

Reference No. SB

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1. Date the form was sent to SPPA
2. Documents enclosed (you may wish to tick the documents you have sent as a reminder to check on their return). Photocopies of documents are acceptable.
 - Marriage / Civil Partnership Certificate
 - Spouse / Partners Birth Certificate
 - Spouse / Partners Death Certificate
 - Divorce Decree / Dissolution or Nullity of Civil Partnership Certificate
3. If your application is successful, you will be advised of the amount of your retirement benefit by the SPPA. If you change your address before then please let the Scottish Public Pensions Agency know at once.

The address is:

**Scottish Public Pension Agency (NHS)
7 Tweedside Park
Tweedbank
Galashiels
TD1 3TE**

You can telephone 01896 893100 quoting your Superannuation (SB) Reference number.

4. SPPA Payroll will be responsible for the payment of your pension and lump sum.
5. Your pension will be assessed as earned income for tax purposes.

An advice note will be sent when there has been a change in your annual rate of pension or your PAYE tax code. For the first year of your retirement, tax will be based on the total pay and pension received in the year to the last payment before 6 April.

Any enquiry about your PAYE code number of your Tax Liability should be sent to:

HM Inspector of Taxes, Ty Glas, Cardiff, CS4 5YA, (quoting your surname and your NI number)

Telephone 0845 300 3949.