

SR2

**SUPERANNUATION DETAILS
FOR ASSISTANT PRACTITIONERS [SALARIED/RETAINEE GPs] 2020/21**

PRACTICE NAME/
ADDRESS STAMP:

PRACTICE
CODE:

DETAILS OF ASSISTANT/RETAINEE PRACTITIONER

| | |
|---|---------------|
| SURNAME | |
| FORENAME[S] | |
| NATIONAL INSURANCE NUMBER | |
| CYPHER NUMBER | |
| START DATE | |
| TERMINATION DATE | |
| Did GP join practice as Principal on termination of Salaried position? | Yes/No |

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| ACTUAL SUPERANNUABLE SALARY FOR YEAR 2020/21 [existing GPs] PRACTICE EMPLOYMENT ONLY | ACTUAL SUPERANNUABLE SALARY FOR YEAR 2020/21 (GPs who start or end in year) | CONTRIBUTIONSTOBEPAIDFORYEAR | | | | | |
|--|---|------------------------------|---|----------|-------|------------|--|
| | | Employee | | Employer | | Addedyears | |
| | | £ | % | £ | % | % | |
| | | | | | 22.5% | | |
| Any Other Information | | | | | | | |

At year end all Assistant GPs should complete a Self-Assessment of Contribution Tier available at:

<http://www.hscpensions.hscni.net/practitioners-2/>

| | |
|---|--|
| DECLARATIONOFEMPLOYER | |
| I certify that the information on this form is correct. | |
| Employer's signature: | |
| Position in practice: | |

Please return to:
HSC Pension Service
75 Duke Street
Londonderry
BT47 6FP

Or email : GPcertificates@hscni.net