

NHS Pensions Final Pay Control Charge Reassessment Application Form

On 1 July 2021 the final pay control rules changed. These changes are retrospective.

If you have paid or received an invoice for a final pay control charge on or after 1 April 2018, you have from 1 July 2021 to 31 December 2021 to apply to have the charge recalculated. **No applications received on or after 1 January 2022 will be accepted.**

This form must be returned in PDF format to nhsbsa.fpc@nhs.net

Part A to be completed by the employer

Please ensure you sign the form in Part C and where necessary provide evidence to support your application. Failure to provide evidence will result in your application being rejected.

Member name

NHS Pension Scheme SD number

Invoice amount

Invoice number

Has the invoice been paid in full?

Yes

No

Please note any enclosures with the members SD number

Date of payment

Upon receiving an application we will assess whether an exemption applies. For final pay control charges already paid you will be reimbursed the relevant amount.

If any amount of final pay control charge remains outstanding a notice will be issued to the employer or in the case of a non-GP provider the practice, to pay this charge to the NHSBSA within one month.

Employers who have been issued with a charge but have not yet paid the final pay control charge, also have the opportunity to have the charge reassessed. However, interest and administrative charges may still be applied for any late payment.

Please tick the reason for reassessment

Q1 Is the member a non-GP provider, in a (GMS, PMS, or APMS) GP practice who is not a GP? Yes No

If Yes go to Part B question 7. If No continue to question 2-6

Q2 We believe the charge is within the increased allowable amount, CPI + 7%. Yes No

Q3 The clinical excellence award (CEA) was awarded nationally Yes No

Please confirm the amount awarded

£

Please provide the name of the governing body

Please confirm the date awarded

Q4 Is the pay increase due to cessation of a salary sacrifice arrangement? Yes No

If Yes, please provide the start and end date the arrangement was made

Start date

End date

Please also provide amount of salary sacrifice

Q5 Is the increase in salary due to a promotion which was as a result of fair and open competition Yes No

If yes, please enclose the required evidence as below. Without evidence of fair and open competition there will be a charge.

- i) Job advert to include closing date of application
- ii) Job description
- iii) Any other evidence that is relevant

Q6 Is the pay increase as a result of a change in the terms and conditions of NHS employment approved by the Secretary of State? Yes No

If yes, please provide full details including supporting evidence and the date of the change to the terms and conditions of NHS employment in the box below

Part B non-GP providers

A partner or shareholder (GMS, PMS or APMS) in a GP practice who is a non-GP provider

- Q7 Has the non-GP provider's pensionable income increased due to an increase in their practice share allocation in the last three years which is as a direct result of another provider's share allocation decreasing? Yes No

If yes, please provide details of the share allocation before and after the change in the box below

- Q8 Has the non-GP provider's pensionable income increased due to a change in their practice share allocation in the last three years which is as a direct result of another provider leaving? Yes No

If yes, please provide details of the share allocation before and after the change in the box below.

- Q9 Has the non-GP provider's pensionable income increased solely due to an increase in the partnership profits within the three-year period immediately prior to the date on which they cease to be in pensionable employment? Yes No

- Q10 Has the non-GP provider's pensionable income increased due to an increase in the partnership profits and an increase in the actual share allocation during the same three-year period? Yes No

If yes, please provide details of the share allocation before and after the change in the box below.

Part C to be signed by employer/non-GP provider

Please ensure you have completed all sections of the form where applicable. The form will not be accepted where it has not been fully completed or evidence required is missing.

Please refer to our website for more information.

- I confirm the information I have provided to the best of my knowledge is correct.
- I am aware that any falsification of figures will be treated as fraud.

Full name

EA/GP practice name

Authorised signature