

## NHS Pensions – Application to buy back opted-out service

### Part 1: Request your quote

A decision by the Court of Appeal found that changes made to public service pension schemes in 2015 discriminated against younger members based on age. This means you may be eligible to buy back opted-out service during the period from 1 April 2015 to 31 March 2022 – known as the remedy period. Use this form to let us know of any opted-out service you would like to buy back.

You need to provide the following information for each scheme year you want to buy back into the NHS Pension Scheme:

- the opted-out period that you would like to reinstate
- the name of your employer at that time
- the hours per week that you worked during the period you were opted out
- the total pay received from that employment during the relevant tax year. This information can be found on your P60 or final month payslip.
- if you were a medical practitioner during the opted-out period, you must include all your practitioner pensionable earnings during the period you were opted out

If you had more than one employer during the period you want to buy back, we will need this information about each employment.

The service you can buy back is for the section of the scheme you were a member of before you opted out – 1995 or 2008.

#### **What happens once you've sent us this form**

We'll use your completed form to calculate the cost of buying back service for the period you ask for. We'll write to you with your personal illustration, which shows how much interest you'll pay and tells you the benefits you will receive for the additional service in the 1995/2008 Scheme.

Then you can decide if you would like to go ahead and buy back the service, and how you will pay missing contributions.

#### **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](http://www.nhsbsa.nhs.uk/our-policies/privacy/nhs-pensions-privacy-notice)

## NHS Pensions – Request for quote to buy back opted out service

Complete parts 1, 2 and 3 of this form and ask your employer to complete parts 4 and 5.

If you no longer work for the employer for the period of opted out service you wish to reinstate, or the employer no longer exists, complete parts 1, 2, 3 and 4 and read the guidance in part 3.

If you need help completing the form, email us at [buybackservice@nhsbsa.nhs.uk](mailto:buybackservice@nhsbsa.nhs.uk)

Send your completed form by email to [buybackservice@nhsbsa.nhs.uk](mailto:buybackservice@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 will need to use the correct postage on your envelope.

### Part 1 – About yourself

Write in CAPITAL LETTERS using BLACK INK

Your NHS Pension Scheme membership number (if known)

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Title (For example Mr, Mrs, Miss, Dr)

Address

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|  |  |  |  |  |  |  |  |  |  | Contact telephone number |  |  |  |  |  |  |  |  |  |

Surname

Former surname (if applicable)

Other names

National Insurance number

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Date of birth (dd/mm/yyyy)

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Contact telephone number

Email address

If we require further information regarding your application, how would you prefer to be contacted?

Telephone

Email

Letter

**Part 2 – Your opted-out service**

Tell us which opted-out service you would like to have reinstated for each remedy year. Periods must be whole months.

| <b>Scheme Year</b> | <b>Opted-out period to reinstate, for example 1 April to 31 March</b> | <b>Name of employer during the opted-out period</b> | <b>Job title</b> | <b>Gross pay from all other NHS and non-NHS employment in scheme year</b> | <b>Self employed (Y or N)</b> |
|--------------------|---|---|------------------|---|-------------------------------|
| 2015/16            |   |   |                  |   |                               |
| 2016/17            |   |   |                  |   |                               |
| 2017/18            |   |   |                  |   |                               |
| 2018/19            |   |   |                  |   |                               |
| 2019/20            |   |   |                  |   |                               |
| 2020/21            |   |   |                  |   |                               |
| 2021/22            |   |   |                  |   |                               |

Did your employer pay your unused contribution as extra salary during the period you were opted-out of the pension Scheme

Yes

No

**Part 3 – Your declaration**

**I declare that I opted out of the NHS Pension scheme between 1 April 2015 and 31 March 2022 because of the implications of the changes to the Scheme introduced in 2015.**

Your signature

Date (dd/mm/yyyy)

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**Send the whole form to the employer**, who will complete the relevant sections and return the form to you. If you had multiple employers for the period you were opted-out, each one should complete a separate declaration. These can be downloaded from our website at [www.nhsbsa.nhs.uk/public-service-pensions-remedy-mccloud/contingent-decisions](http://www.nhsbsa.nhs.uk/public-service-pensions-remedy-mccloud/contingent-decisions)

**If you no longer work for the employer**, add as much information as you can to part 4. This must include the dates you were employed in the role in the scheme year, the hours worked and total pensionable pay. Include evidence of your pay for each tax year such as payslips, a P60 and your contract of employment.

**Part 4 – Employment details (to be completed by your employer). Use a separate sheet if you need to**

Members NHS Pension Scheme membership number

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Did the member receive pension contribution recycling from you during the period they were opted out? Yes  No

If a members circumstances changed during a scheme year (for example, hours, pay, employment type.) provide the full details for each period separately.

|   | Scheme Year |         |         |         |         |         |         |
|---|-------------|---------|---------|---------|---------|---------|---------|
|   | 2015/16     | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
| <b>Dates employed in role in scheme year</b> between 1 April and 31 March                     |             |         |         |         |         |         |         |
| <b>Capacity code</b>  |             |         |         |         |         |         |         |
| <b>Employment Type</b><br>Officer = 1, Non-Specialist = 2, Specialist = 3, Bed Fund = 4)      |             |         |         |         |         |         |         |
| <b>Mental health officer status (Y or N)</b>  |             |         |         |         |         |         |         |
| <b>Whole-time (Y or N)</b>  |             |         |         |         |         |         |         |
| <b>Weekly hours (if part-time)</b>  |             |         |         |         |         |         |         |
| <b>Standard whole-time weekly hours (if part-time)</b>  |             |         |         |         |         |         |         |
| <b>Total hours worked in year (if part-time)</b>  |             |         |         |         |         |         |         |
| <b>Total pensionable pay –</b><br>for practitioners this is total earnings in the scheme year |             |         |         |         |         |         |         |
| <b>Disallowed days</b>  |             |         |         |         |         |         |         |

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| <b>Total pay</b> – both pensionable and non pensionable   |  |  |  |  |  |  |  |
| <b>Employer pay</b>   |  |  |  |  |  |  |  |
| <b>Tax code</b>   |  |  |  |  |  |  |  |
| <b>Contribution rate in 1995/2008 Scheme</b>  |  |  |  |  |  |  |  |
| <b>Contribution rate in 2015 Scheme</b> - for practitioners who worked part years use annualised earnings |  |  |  |  |  |  |  |

**Part 5 – Employer Declaration (to be completed by your employer)**

I declare that the member detailed in section 1 of this form was employed for the period of service they are requesting to buy back into the NHS Pension Scheme.

I declare that the information completed in part 4 is complete and accurate.

|      |  |
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| Name |  |
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| Authorised Signatory |  |
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| Employer Name |  |
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| Email Address |  |
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| Employing authority code |  |  |  |  |
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| Date (dd/mm/yyyy) |  |  | / |  |  | / |  |  |  |  |
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