

NHS Pensions – Contingent Decision Application

Please use this form to let us know about any changes that you would like us to consider as a result of retrospectively being moved to the NHS Pension 1995/2008 Scheme for the remedy period, 1 April 2015 to 31 March 2022.

This form should not be used to request buying back previously opted out service.

For further information on the process for contingent decision applications visit our dedicated website at www.nhsbsa.nhs.uk/public-service-pensions-remedy-mccloud/contingent-decisions

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

NHS Pensions – Contingent Decision Application

Please complete all sections of this form, providing as much information as possible about your request and your preferred outcome.

If you have difficulty completing this form, you can ask someone to help you. Please sign and date the declaration at the end of the form or ask someone to witness your mark.

Once completed, this form should be returned either by email to contingentdecisions@nhsbsa.nhs.uk or by post to the following address:

NHS Pensions
PO Box 683
Unit 5
Newcastle upon Tyne
NE5 9EE

Part 1 – About yourself

Please write in CAPITAL LETTERS using BLACK INK

Please enter your NHS Pension Scheme membership number (if known)

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Title (e.g. Mr, Mrs, Miss, Dr)

Surname

Former surname (if applicable)

Other names

National Insurance number

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Date of birth

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Address

Post code

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Contact telephone number

Email address

Part 2 – Your Request

Tell us more about why you are submitting a contingent decision request (tick all that apply):

Application for additional pension or to reinstate a previous additional pension contract ☐

Application to reinstate a previous added years contract ☐

Something else ☐

Use the space below to tell us what you would like us to consider and your preferred outcome.

Use additional sheets as necessary

Your signature _____

Date

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