

NATIONAL HEALTH SERVICE

FC21

FOR USE UNDER REGULATION 3A12 AND SCHEDULE 1, PARAGRAPH 8 FOR DETERMINING CONTRIBUTIONS PAYABLE BY, AND IN RESPECT OF, AN ASSISTANT PRACTITIONER

NATIONAL HEALTH SERVICE PENSION SCHEME (SCOTLAND) REGULATIONS 2008 AND NATIONAL HEALTH SERVICE SUPERANNUATION SCHEME (SCOTLAND) REGULATIONS 2011

Details of Assistant Practitioner

Full Name List number

Superannuation number National Insurance number ----

To enable the remuneration of the above named assistant practitioner to be determined for purposes of the National Health Service superannuation (Scotland) Regulations, it is requested that the particulars asked for below be inserted and this form emailed, after signature, to NSS.psd-dental-payments@nhs.scot with 'FC21 Superannuation Form' in the subject field. Email completed forms from your NHS.Scot email address to ensure secure transfer of personal information, alternative email addresses should only be used in the absence of a NHS email address.

Do not send this form by post.

Annual salary of assistant	£	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual amount of any fees and other regular payments paid to assistant	£	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual value of any allowances and other sums in respect of Board or other advisory work	£	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total											
	£	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>

The above amounts should be restricted to the proportion for providing NHS general dental services.

Note 1: The amounts shown above do not include any payments for bonuses, overtime, allowances paid to cover the cost of providing office or laboratory accommodation, clerical or other assistance, travelling (eg car, petrol) or subsistence allowances or other moneys to be spent or to cover expenses incurred by the assistants named above for purposes of his/her employment.

Note 2: The maximum amount allowed as pensionable earnings is on line 42 of the Account 7 for the assistant's list number.

Comments

Details of Principal Dentist

Full name List number

Superannuation number National Insurance number ----

Signature of Assistant _____ Date

Signature of Principal _____ Date

Practitioner Services Division may ask for additional evidence of actual payment made to Assistant practitioners for assisting in the provision of NHS general dental services to ensure the correct pension contributions are made on their behalf.