

**Purpose**

NHS pension scheme – GP Locums or out-of-hours (OOH) practitioner’s monthly record of NHS Locum or OOH earnings received **on or after 01/04/2021** and related pension contribution – see Form B guidance for exceptions. Please use separate Form Bs for practice Locum and out-of-hours (OOH) earnings.

**PART 1**

GMC Number	<input type="text"/>	SB Number	<input type="text"/>
Surname	<input type="text"/>	Other Name	<input type="text"/>
Date of Birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	<input type="text"/>	Host EA	<input type="text"/>
	<input type="text"/>	Month	<input type="text"/>
Post Code	<input type="text"/>	Year	<b>20</b>
Contact e-Mail	<input type="text"/>	N. I. Number	<input type="text"/>

**PART 2**

Employing Practice Reference No.						From	To	Gross Earnings	
A	N	N	N	N	N	(Enter dd/mm/yy format)		£	p

**PART 3**

a.	Total Gross Earnings		
b.	Profession expenses deduction (a x 10 %)		
c.	Pensionable Pay where fee does NOT include Employer share (a – b)		
d.	Pensionable Pay where fee INCLUDES Employer share ((a - b) £ _____ x 100 / 120.9)		
e.	NHS Scheme employee contributions (c or d x 5.2%,5.8%,7.3%,9.5%,12.7%,13.7%,14.7%) Circle the appropriate % <b>NB If you are a GP Principal the % rate is always 9.5%</b>		
f.	Total of any NHS extra % additional service contributions (c or d £ _____ x _____%) please insert both Actual Value and %		
g.	NHS Scheme employer contributions (d x 20.9%) only complete where required (i.e. where Pensionable Pay is shown at d above)		
h.	Grand Total of NHS Pension Scheme contributions (e + f) or (e + f + g)		

Note: Please submit your Forms A and B to Practitioner Services at the relevant address as indicated within the guidance notes to arrive no later than the 7<sup>th</sup> of the month following the month to which this form relates.

**Please ensure you have provided a contact e-mail address as cheques are no longer accepted and we will be in touch to advise you of the Worldpay payment arrangements in due course.**

I declare that the information I have given in this form is correct and complete and I understand that if it is not disciplinary action may be taken against me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please scan & return the completed form to Practitioner Services: [nss.locumcontributions@nhs.scot](mailto:nss.locumcontributions@nhs.scot)**

FOR PRACTITIONER SERVICES USE ONLY										
Pending Remittance		Completed		PS Ref No	S	M	L			