

## NHS Superannuation Scheme (Scotland) Application to re-join the NHS Superannuation Scheme for Principal Medical Practitioners

You must **complete this form and return to Contractor Finance** to notify them of your intention to re-join the scheme for your **self-employed posts**. **If you have more than one** Practitioner employment you must **opt back in to all practitioner employments from the same date** and you must contact the relevant NHS payrolls directly to advise them of your decision surrounding your other practitioner posts.

Please complete all relevant fields of the application form as incomplete information will delay your application.

SECTION 1 – PERSONAL I	DETAILS
Scheme reference number	
Surname	
Former Surname	
Forename(s)	
Title	Dr Mr Mrs Miss Ms Other
National Insurance number	
Date of Birth (dd/mm/yyyy)	
Contact Address	
	Post Code
Contact Number	
Email Address	



SECTION 2 – EMPLOYMENT DETAILS (You are required to Opt In to all Practitioner Employments. Please confirm all relevant employments below)			
Opt In Date	0 1 /		
Employment 1			
Place of work			
Post/Job Title	GP Practitioner		
Practice Ref Number			
Employment 2			
Place of work			
Post/Job Title	GP Practitioner		
Practice Ref Number			
Employment 3			
Place of work			
Post/Job Title	GP Practitioner		
Practice Ref Number			
Employment 4			
Place of work			
Post/Job Title	GP Practitioner		
Practice Ref Number			
Continue on an additional form if necessary			



SECTION 3 – DECLARATION, TICK TO CONFIRM			
I have included all my Practi	tioner employments in Section 2		
We require an updated NOEPP to avoid delays and ensure the correct deductions are processed			
Failure to submit an NOEPP form may result in a delay to processing the opt in. Link to the NOEPP Form			
Signed			
Date			
On completion please return	to the appropriate Contractor Finance Office:		
Glasgow Regional Office: nss.psd-gppractices-gro@nhs.scot			
Edinburgh Regional Office: nss.psd-gppractices-ero@nhs.scot			
Aberdeen Regional Office: nss.psd-gppractices-aro@nhs.scot			
SECTION 4 – CONTRACTO	OR FINANCE CONFIRMATION		
Verified & Input by			
Date (dd/mm/yyyy)			
Checked by			
Date (dd/mm/yyyy)			
Uploaded to EDM Portal			