

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 01/10/2024** 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	20 <input type="text"/>
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 / 122.5)		
e.	NHS Scheme EE contrs (c or d x 5.7%,6.4%,7.0%,8.7%,9.8%,10.5%,11.2%,11.6%,12.7%) Circle the appropriate % NB If you are a GP Principal the % rate is a minimum 9.8%		
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 22.5%) 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 Contractor Finance at the relevant address as indicated within the guidance notes to arrive no later than the 7th of the month following the month to which this form relates.

Please ensure you have provided a contact e-mail address as 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 Contractor Finance: nss.locumcontributions@nhs.scot

FOR CONTRACTOR FINANCE USE ONLY										
Pending Remittance		Completed		Ref No	S	M	L			