

**GP FORM B** To be used for earnings received on & after 01/04/2015

NHS pension scheme – GP locums or out-of-hours (OOH) practitioner’s monthly record of all NHS locum or OOH earnings and related pension contribution - see completion notes 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 Names	<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"/>
	<input type="text"/>	Year	<b>20</b> <input type="text"/>

**PART 2**

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

**PART 3**

a.	Total Gross Earnings	<input type="text"/>	<input type="text"/>
b.	Profession expenses deduction (a x 10 %)	<input type="text"/>	<input type="text"/>
c.	Pensionable Pay where fee does NOT include Employer share (a – b)	<input type="text"/>	<input type="text"/>
d.	Pensionable Pay where fee INCLUDES Employer share ((a - b) * 100 / 114.9)	<input type="text"/>	<input type="text"/>
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>	<input type="text"/>	<input type="text"/>
f.	Total of any NHS extra % additional service contributions (c or d * %) please insert both Actual Value and %	<input type="text"/>	<input type="text"/>
g.	NHS Scheme employer contributions (d x 14.9%) only complete where required (i.e. where Pensionable Pay is shown at d above)	<input type="text"/>	<input type="text"/>
h.	Grand Total of NHS Pension Scheme contributions (e + f) or (e + f + g)	<input type="text"/>	<input type="text"/>

Note: Please attach a cheque to this form payable to 'NHS National Services Scotland' for the total amount at h and send to Practitioner Services to arrive no later than the 7<sup>th</sup> of the month, following the month to which this form relates. You must attach a properly completed GP Form A for every payment declared on this form except where your Out of Hours employer supplies the earnings confirmation.

**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.**

Signed \_\_\_\_\_ Date \_\_\_\_\_