**Appendix 2 – FORM B (NHS)**

**National Health Service Superannuation Scheme (NHS SS)**

**Partial Retirement**

A member of staff who is a qualifying member of NHS SS who, with the agreement of the University, wishes to reduce their working hours/salary and have access to part or all of their pension benefits may apply for Phased Retirement.

To be eligible for phased retirement a member must be aged 55 years, or over 50 if you have a protected pension age (noting you must access 100% of your NHS benefits if you partially retire prior to age 55).

The member of staff must reduce their pensionable salary by at least 10% for a minimum of 12 months. You must have a change to your terms and conditions of employment to be eligible to partially retire. This change in terms and conditions is to reference how you’ve reduced your pensionable pay by 10%. For example, this could reduce your hours, take on a new role, or reduce your level of responsibility. This means you’ll need to agree a new working arrangement with your employer before you can apply for partial retirement.

The member of staff may apply for phased retirement on a maximum of two occasions and continue to work, however the third reduction must result in full retirement.

**SPPA require at least 3-4 months’ notice**.

Please click [here](https://pensions.gov.scot/nhs/ready-retirement/partial-retirement) for more information.

**Application for Partial Retirement (NHSSS)**

**Section 1 – To be completed by member of staff making the request**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| N.I. Number |  |
| Job Title |  |
| School/Directorate |  |
| Start date for reduced working hours/reduced salary grade |  |
| Requested working hours – noting your pensionable pay must reduce by at least 10% for the first 12 month. |  |
| Requested reduction in salary grade. |  |
| Proposed percentage of NHSSS benefits to be taken at this phased retirement event  (20-100%) |  |
| Is this the 1st or 2nd Phased Retirement |  |
| Requested working pattern  (no of days/week, working times/day) |  |
| Current working hours and pattern |  |
| Implications of change on the work of the School/Directorate and suggestions for addressing these changes. | |
| I have noted that if the request is approved, a minimum 3-4 months notice after approval date is required, to allow for pension processing.  **I am aware that a role change may mean a change to contract and/or grade and I have discussed this with Human Resources/People.**  **Signature**  **Date** | |

**Section 2 – To be completed by Dean of School or Director**

|  |
| --- |
| * Request approved * Request not approved – please discuss with your HR Officer before signing the form and before writing to the member of staff to advise them of this. |
| Reasons not approved ()–  ***Standard template letter should be used to formally advise member of staff of decision*** |
| Comments (i.e. nature of impact on the School/Directorate) |
| **Dean of School/Director’s Declaration:**  I confirm that where approved, the request meets the operational needs of the School/Directorate.  Dean of School/Director  (Print name)  **Signature**  **Date** |
| **To be completed by Human Resources (only where there is a change to type of contract or grade):**  I confirm that the proposed change/reduction to role will result in a change to contract and/or grade. Details of any change to contract and/or grade are detailed below:  HR Officer  (Print name)  **Signature**  **Date** |
| **Copies of approved request to**  **1. Applicant**  **2 Pensions Office**  **3. HR/People – personal file** |

**FORM B (NHS)**