

Health and Care Professional Council Partners Pension Scheme

Opt-In Form

If you wish to opt-in the HCPC Partner Pension Scheme with Smart Pension, please complete this form using BLOCK CAPITALS and return it to Payroll Team. For further information, please refer to the Member Guide and if you do not understand any point, please ask for further information.

Your details

First name	<input type="text"/>
Last name	<input type="text"/>
Home address	<input type="text"/>
Post Code	<input type="text"/>
National Insurance	<input type="text"/>
Date of Birth	<input type="text"/>

Your signature	<input type="text"/>	Date	<input type="text"/>
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Please sign the form above and email the completed form to Payroll at payroll.partners@hcpc-uk.org.