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| --- | --- |
| **LOCUM SHORTFALL PAYMENT TEMPLATE** | |
| **Pension Scheme Member name** |  |
| **Pension Scheme Membership number (SD number)** |  |
| **BACS reference** |  |
| **Payment date** |  |
| **Payment value (£)** |  |
| **Employee contributions (£)** |  |
| **Tier Rate (%)** |  |
| **AVCs (£) (if applicable)** |  |
| **Pension year e.g. 2023/24** |  |
| **Is the payment for a Type 1 or Type 2 form or neither?** |  |
| **CAS reference for Type 1 or Type 2 form (if applicable)** |  |
| **If applicable, is the Type 1 / Type 2 being submitted on PCSE Online or Contact Us?** |  |
| **COMPLETED BY** | |
| **Name** |  |
| **Email address** |  |
| **Date** |  |

Please submit this template along with the member’s Type 1 or Type 2 2023/24 certificate via [Contact Us](https://pcse.england.nhs.uk/contact-us/) if you have made a Locum shortfall payment.