

8. Claim and Declaration.

I hereby claim the appropriate Seniority Payment in accordance with Determination III of the Statement of Dental Remuneration and declare that *(Please indicate by inserting Y, N or NA in each applicable box) :-*

- a) I have attained the age of 55 years
- b) I have provided general dental services for a period of not less than 10 years
- c) I have undertaken not less than 2 postgraduate education sessions in the preceding 5 financial quarters as indicated at Part 7
- d) My gross earnings from the 1 April to the end of the current quarter are more than the figures indicated in Determination III, Part 4(1)a of the Statement of Dental Remuneration **(If your response to this is no (N) please complete 8(e) below).**
- e) 90% of my gross earnings from dentistry are attributable to accumulated gross fees

I declare that the information given on this form is correct and complete and I understand that if it is not, action may be taken against me. For the purpose of verification of this claim and the prevention and detection of fraud I consent to the disclosure of relevant information, including accounts prepared by the accountant responsible for my audited accounts, to and by the HSC Counter Fraud Unit and the Area Board.

Dentist's Signature: _____ Date:- _____

For BSO (Dental Payments Office) use only.

Date received: _____

No. postgraduate sessions in previous 5 financial quarters: _____

Total superannuable earnings over past 10 years: - £_____

Seniority payable from: - _____

Calculated by:- _____ Date:- _____

Verified by:- _____ Date:- _____

Noted on payments system by: - _____ Date:- _____

Dear Sir/Madam

Seniority Payment Application

Seniority Payment is payable under Determination III of the Statement of Dental Remuneration.

To be entitled to this payment, a dentist must meet the following criteria: -

1. Have reached the age of 55.
2. Have provided general dental services, other than as a salaried dentist or assistant, for a period of not less than 10 years.
3. Have within 10 years ending 31 March 2021, received pensionable earnings of not less than £278,155.00: and
4. Have attended not less than 2 approved postgraduate education sessions in the preceding 5 financial quarters prior to the first day of the quarter to which the claim relates.

Please read Determination III of the Statement of Dental Remuneration before completing the enclosed form Sen/1.

The completed form should be returned as soon as possible to:

Dentalfinance.bso@hscni.net

Or via post to:

Dental Payment Team
2 Franklin Street
Belfast
BT2 8DQ

Yours faithfully,

For Dental & Ophthalmic Manager