



Brighton & Hove

Renewal for Annual Bus Travel Card					
Title		Forename		Surname	
Assignment (Staff)Number					
Job title				Trust Email address	
Department Internal Address				Personal email address	
Full Residential Address				Work Ext:	Mobile
				_____	_____

Current key-card number:

633597 0140 _____

By signing this form I agree to the full terms and conditions of the Brighton and Hove Annual Bus Policy.

SIGNATURE (Card Holder) _____

Approved (Transport Bureau) _____

Date _____

Date _____

For and on behalf of Brighton and Sussex University Hospitals NHS Trust

Please return your completed form to The Transport Bureau, Floor 2 Sussex House, Abbey Road, RSCH, BN2 1ES.

IMPORTANT

IMPORTANT NOTE:

If you lose your Bus Key-card, please contact the BSUH Transport and Travel office immediately so that we can arrange a replacement bus card for you.

You may go to the Brighton and Hove Bus and Coach Co. **1 Stop Travel Shop at 26 North Street, Brighton** to collect your own new bus key-card, but you must first inform our office so that we can arrange this replacement for you. You cannot do this without our prior permission.

Once you have received your replacement key-card, please inform our office of this new number
A £5.00 charge applies.



Brighton & Hove Buses

Annual Bus Pass Key-card – RENEWAL FORM

I, _____ Assignment (Staff) No.: _____ Confirm that I wish to accept the cost of my bus travel to the value of £793 per annum to be taken monthly with effect from _____ (must be the 1st of the month)

Please complete by signing either A or B:

(A) I DO NOT wish for this to be taken as a Salary Sacrifice

Signed (by Applicant) _____ Date _____

Signed (Transport Bureau) _____ Date _____
For and on behalf of Brighton and Sussex University Hospitals NHS Trust

Please note – if you sign option A you do not have to sign the enclosed document entitled: "Salary Sacrifice and its effect on the NHS Pension Scheme"

(B) I DO wish for this to be taken as a Salary Sacrifice

AMENDMENT TO CONTRACT OF EMPLOYMENT (Salary Sacrifice)

I understand that my salary will be reduced by a sum equivalent to the value of my bus travel ticket and that I have no right to exchange this benefit for a cash sum.

This arrangement will be reviewed annually, one year from the start date or if I experience one of the following 'life changing events'

- change of working hours
• pregnancy
• long term sickness
• leaving the Trust

At which point the Trust will agree new terms and conditions with me.

I confirm that my salary after taking the amount stated above into account exceeds the national minimum wage level.

I understand that taking out a Salary Sacrifice will reduce my pensionable pay and could affect my pension.

I have received and read a copy of the terms and conditions of the scheme and accept the conditions as set out.

I undertake to notify the Trust in writing if there are any changes in my arrangements or circumstances that would cause me to cease being entitled to this benefit.

SALARY SACRIFICE AND THE NHS PENSION SCHEME.

If you choose Salary Sacrifice option B, you must read, sign and date the enclosed document entitled: "Salary Sacrifice and its effect on the NHS Pension Scheme"

Signed (by Applicant) _____ Date _____

Signed (by Transport Bureau) _____ Date _____
For and on behalf of Brighton and Sussex University Hospitals NHS Trust

Salary Sacrifice and its effect on the NHS Pension Scheme

I am aware that from the 01 April 2015 the NHS Pension Agency is now operating a Career Averaged Revalued Earnings Scheme (CARE). This means my pension income at retirement will be based on pensionable pay for each year. Therefore paying into any Salary Sacrifice scheme will reduce my gross pensionable pay and will have a negative impact on the amount of pension I am able to build up and will reduce the amount of final pension benefits I receive.

Staff with full protection will retain current pension arrangements and will have pension income based on the best salary in the final three or ten years.

I understand that the Trust is not in a position to offer advice regarding the individual effect this may have on my personal financial situation.

I accept and agree that it is my own responsibility to determine and understand the effect participation in the scheme will have on my current or future financial position.

I undertake to notify the Trust in writing if there are any changes in my arrangements or circumstances that would cause me to cease being entitled to this benefit.

Name (PRINT): _____

Payroll Number: _____

Signed (by applicant) _____ Date _____

Signed (by Transport Bureau) _____ Date _____

(On behalf of the Brighton and Sussex University Hospitals NHS Trust)