



APPLICATION FORM for Annual Commuting Metro Bus Pass – 272/271/270 Services

Personal Details – to be completed by the employee					
Title:		Forename(s):		Surname:	
Assignment (payroll) number:		Job title:		Department, internal address:	
Do you have a valid BSUH parking permit?*	YES / NO		If yes, what is your permit number?		
BSUH e-mail address:					
Residential Address and Postal Code MANDATORY		Main place of work:	RSCH/ RACH/ PRH/ HPNC/ PCBC OTHER – please specify just one location		
Work extension:		Mobile number:			

** If you are using the Metro Bus services (272/271/270) for inter-site travel only please complete the Inter Site Bus Pass Application Form.

If you are BANK or non-BSUH staff – you must pay in advance before we can issue you with a Commuting bus pass.

I agree that if I leave BSUH I will return my bus pass to the Transport Office at the Royal Sussex County Hospital.

To be completed by applicant

to be completed by the Transport Bureau

SIGNATURE **Approved** (by Transport Bureau).....

Date **Date**

When you have completed this form please return to the Transport Bureau, RSCH, Floor 2 Sussex House, Abbey Road, Brighton, BN2 1ES OR Transport Bureau, Downsmere, PRH

Metro Bus Salary Deduction Form – 272/271/270 Services

I _____ Assignment (Staff) No. _____ Confirm that I wish to accept the cost of my bus travel to the value of £240 per annum to be taken monthly with effect from _____ (must be the 1st of a month). Please complete by signing either A or B not both:-

(A) I do **not** wish for this to be taken as a Salary Sacrifice

Signed (by applicant) _____ Date _____

Signed (by 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**”

AMENDMENT TO CONTRACT OF EMPLOYMENT (Salary Sacrifice)

(B) I **do** wish for this to be taken as a 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 date the bus pass starts or if I experience one of the following ‘life change 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 will have an affect on 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)