

Fill in this form using capital letters if you are a widow entitled to bereavement benefit or if you are within the initial period of reduced liability.

Please tick the appropriate boxes and answer all the questions.

When you have filled in this form, send it to:

HMRC National Insurance Contributions & Employer Office
Individuals Caseworker
Benton Park View
Newcastle upon Tyne
NE98 1ZZ

1 Surname

2 First forename

3 Other forenames

4 Title *Mr, Mrs, Miss, Ms. etc.*

5 Address

Postcode

Daytime phone number *including dialling code*

6 National Insurance number

7 Date of birth *DD MM YYYY*

8 Are you in receipt of bereavement benefit?
Yes No

9 If you are working or about to start work, give the name(s) and address(es) of any employer(s) from whom you earn a wage.

Name
Address
Postcode

Name and address of employer(s)

Name
Address
Postcode

Date(s) of starting work *DD MM YYYY*

Works/staff number

10 Are you self-employed?
Yes No
What is your occupation?

When did your self-employment start? *DD MM YYYY*

11 When did you last pay National Insurance contributions?
DD MM YYYY

12 Were you self-employed in either of the last two tax years before the current one?
A tax year runs from 6 April to the following 5 April
Yes No
What was the period of your self-employment?
DD MM YYYY
From
To

13 Give the name(s) and address(es) of any employer(s) in the two tax years before the current one, the periods of employment and the rate of contributions you paid.

Name and address of employer(s)

Postcode

Period of employment DD MM YYYY

From

To

Rate of contribution

Reduced Standard rate

Name and address of employer(s)

Postcode

Period of employment DD MM YYYY

From

To

Rate of contribution

Reduced Standard rate

Declaration. I declare that the information I have given is true to the best of my knowledge and belief.

Please note if you are choosing full liability, you must send in this form before the beginning of the week from which you have chosen to start full liability. If you are choosing full liability from a future date, the certificate of election will be returned to you showing the date on which your reduced liability ends. If you are employed you should give it to your employer so they can make the correct deductions.

A Full liability

1 I choose to pay at the standard rate any Class 1 contributions for which I may be liable, and when self-employed, to pay Class 2 contributions. I understand this choice will entitle me to pay Class 3 contributions if I wish to do so.

2 I wish full liability to start from DD MM YYYY

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3 If you have chosen full liability, you must return your certificate(s) of election with this form. If any certificate is not available, say why below.

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Signature

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Date DD MM YYYY

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B Reduced liability

If you already have reduced liability and you wish to keep it, then fill in this section. You cannot change to reduced liability from full liability.

1 I confirm my existing choice to pay at the reduced rate, any Class 1 contributions for which I may be liable, and, when self-employed, not to pay Class 2 contributions. I understand that I will not be entitled to pay Class 3 contributions for any year throughout which this choice is effective.

2 I wish to have a new certificate of election

3 I require additional copy(ies)

Signature

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Date DD MM YYYY

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For official use

Initials

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Date

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Caseworker Section

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Room

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Declaration A

Certificate(s) of election received

NPS updated

Date

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CA4139 issued: Box B not valid after

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CA4091 sent to employer

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Declaration B

CA4931 issued: Box A/B not valid after

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NPS updated

Date

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Application refused

Failed 2 year test

No current election

Not 'qualifying' widow

NPS updated

Date

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