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**LOC Levy Alteration Request Form**

A standard template has been introduced for LOC Treasurers to email NHS England when requesting to change the LOC’s statutory levy percentage.

The template below must be completed in full and emailed to the [Ophthalmic Team](https://www.locsu.co.uk/wp-content/uploads/Files/WhatWeDo/PCSE/NHS-England-Ophthalmic-Team-contact-details-for-GOS-contractors-Aug-2020.pdf) at your NHS England regional office.

Information required includes:

* the total LOC levy % to be deducted (including LOCSU %),
* confirmation of whether the LOCSU levy should be paid direct by PCSE, and
* the date you want the change to take effect from.

Once NHS England have approved the request for change, they will instruct PCSE to update the Ophthalmic Payments System accordingly so that the levy percentage collected is in line with your request.

PCSE will notify you once the Ophthalmic Payments System has been updated.

Please note the new process is effective immediately.

**If you have any questions regarding the process or have any difficulty getting a change approved, please contact** [**lisastonham@locsu.co.uk**](mailto:lisastonham@locsu.co.uk) **for assistance.**

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**LOC Levy Alteration Request Form**

Once all fields are completed, please email to your [Ophthalmic Regional Local Team](https://www.locsu.co.uk/wp-content/uploads/Files/WhatWeDo/PCSE/NHS-England-Ophthalmic-Team-contact-details-for-GOS-contractors-Aug-2020.pdf) at NHS England.

To be completed by the LOC Treasurer

|  |  |
| --- | --- |
| **Local Optical Committee (LOC)** |  |
| **LOC Treasurer name** |  |
| **Contact email** |  |
| **Contact number** |  |
| **Date Submitted to NHS England office** |  |
| **Signature** |  |
|  |  |
| **Total LOC levy % to be deducted (including LOCSU %)** | % |
| **LOCSU %** | 0.5 % |
| **LOCSU levy to be paid direct by PCSE** | YES / NO |
| **Date the change takes effect from** |  |

To be completed by NHS England Office

|  |  |
| --- | --- |
| **Approved by (name)** |  |
| **Position** |  |
| **Date submitted to PCSE** |  |

To be completed by PCSE

|  |  |
| --- | --- |
| **Actioned by (name)** |  |
| **Date actioned** |  |
| **Date levy change will be effective from** |  |
| **Date confirmation of change sent to LOC, LOCSU and RLT** |  |