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**LOC Levy Alteration Request Form**

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

The template below must be completed in full and emailed to the [ICB optometry contact](https://www.nhsbsa.nhs.uk/provider-assurance-ophthalmic/integrated-care-board-icb-optometry-contact-email-addresses) at your NHS England regional office and [LOCSU](mailto:info@locsu.co.uk).

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 the request for change has been approved by the regional team, 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** [**info@locsu.co.uk**](mailto:info@locsu.co.uk) **for assistance.**

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**LOC Levy Alteration Request Form**

Once all fields are completed, please email the [ICB optometry contact](https://www.nhsbsa.nhs.uk/provider-assurance-ophthalmic/integrated-care-board-icb-optometry-contact-email-addresses) at your NHS England regional office and [LOCSU](mailto:info@locsu.co.uk)..

To be completed by the LOC Treasurer

|  |  |
| --- | --- |
| **Local Optical Committee (LOC)** |  |
| **LOC Treasurer name** |  |
| **Contact email** |  |
| **Contact number** |  |
| **Date Submitted to ICB** |  |
| **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 ICB

|  |  |
| --- | --- |
| **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 ICB** |  |