

NHS Superannuation Scheme (Scotland)

APPLICATION FOR LUMP SUM ON DEATH AND WIDOW(ER)'S/PARTNER'S PENSION DEATH IN SERVICE

SECTION 1 - DECEASED MEMBER'S PERSONAL DETAILS

Scheme reference number

Surname

Forename(s)

Title

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

National Insurance number

Date of birth

 / /

Date of death

 / /

SECTION 2 - APPLICANTS DETAILS

Surname

Forename(s)

Title

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

National Insurance number

Date of birth

 / /

Contact Address

Post Code

Telephone Number

Mobile Number

Email Address

SECTION 3 - BANK DETAILS

Name of account holder	<input type="text"/>
Name of Bank/Building	<input type="text"/>
Society	
Branch	<input type="text"/>
Branch Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Post Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank sort code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Building Society roll	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Number	
Bank Account type	Current Account <input type="checkbox"/> Deposit Account <input type="checkbox"/>

SECTION 4 – PLEASE STATE IN WHICH CAPACITY YOU ARE COMPLETING THIS APPLICATION

Spouse	<input type="checkbox"/>	PROCEED TO SECTION 8
Civil Partner	<input type="checkbox"/>	PROCEED TO SECTION 8
Date of marriage/civil registration	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Surviving Partner	<input type="checkbox"/>	
Nominee	<input type="checkbox"/>	
Legal personal representative	<input type="checkbox"/>	

Sections 5–7 SHOULD NOT be completed if the member and applicant were married or in a civil partnership.

SECTION 5 – ABOUT YOU AND YOUR PARTNER.

How long had you and your partner lived together?

(see personal checklist part 3)

Years

Months

Were you living together at the time of your partners death?

Yes

☐

No

☐

If no, please explain why you were living apart

Where were you living at the time of your partners death?

Did you spend any long periods (over six months) apart (other than, for example, stays in hospital)? If yes, please give details of the circumstances and dates

Have you or your partner ever been married to a previous partner?

Yes

☐

No

☐

If Yes, please provide copies of all relevant decree absolute(s), or previous partners death certificate(s).

Have you or your partner ever been in a civil partnership with a previous Partner?

Yes

☐

No

☐

If Yes, please provide copies of all relevant final dissolution order(s), or previous partners death certificate(s).

SECTION 6 – ABOUT YOU AND YOUR PARTNER’S FINANCIAL CIRCUMSTANCES

Please indicate whether you and your partner had any of the joint financial arrangements. If you indicate ‘Yes’ you must provide a copy of a document to confirm this:

Joint mortgage or tenancy

Yes ☐

No ☐

Joint bank account

Yes ☐

No ☐

Joint savings account or investments

Yes ☐

No ☐

A joint credit card statement

Yes ☐

No ☐

Were you the beneficiary of your partners will, or was your partner the beneficiary of your will?

Yes ☐

No ☐

Were you the beneficiary of your partners life assurance, or was your partner the beneficiary of your life assurance?

Yes ☐

No ☐

Did you and your partner share any other joint financial commitments not shown in the above list? If so, please provide details and copies of any relevant documents

Yes ☐

No ☐

Please give any other information about you and your partner’s financial arrangements that would support your claim. For example, whether you shared day-to-day living expenses and whether you are experiencing additional expense following your partners death (continue on a separate sheet if necessary)

SECTION 7 – CONFIRMATION

I confirm that the following applied at the time of my partners death:

- My partner and I had lived together for the length of time sated in Section 5 of this form, during which time our financial affairs were interdependent (or I was financially dependent on my partner).
- We had an exclusive, committed and long term relationship with each other and we intended to continue this indefinitely.
- We were not married to each other and had not formed a civil partnership with each other.
- We were not related in a way that would have prevented marriage or civil partnership.
- Neither of us was married to anyone else.
- Neither of us had formed a civil partnership with anyone else.
- Neither of us was nominated as the non-legal partner of anyone else.

SECTION 8 – ENCLOSED DOCUMENTS

Documents enclosed, photocopies only. Please tick

Marriage/civil partnership certificate

☐

Spouse/surviving partners/applicants birth certificate

☐

Members full death certificate

☐

Divorce decree or dissolution or nullity of civil partnership for both parties

☐

Previous partners death certificate

☐

Documents proving financial interdependence

☐

SECTION 9 – DEPENDANT CHILDREN

Had the deceased any eligible children at the time of death?

Yes ☐

No ☐

If you have answered 'Yes' to the above, please complete Sections 11 to 13

A child is a dependent child for so long as they:

(a) are age under 23

Or

(b) age 23 or over and incapable of earning a living because of permanent physical or mental infirmity from which they were suffering at the time the member died

No allowance shall be payable to, or for the benefit of, a child who is incapable of earning a living because of permanent physical or mental infirmity for any period exceeding one month during which the child is maintained out of money provided by Parliament in a hospital or other institution.

SECTION 10 – DECLARATION

I declare that the statements made by me on this form are true to the best of my knowledge and belief. I have included the relevant certificates (where applicable)

Signed

Date

 / /

Data Protection

The Scottish Public Pensions Agency will use any information you provide in connection with your pension scheme to administer and operate the scheme and pay benefits under it. This may include passing details to relevant third parties to ensure we maintain an accurate record. In order to fulfil its duty to protect public money, SPPA may use the information it holds to prevent and detect fraud.

For more information on how we will use your data, please read our Privacy Policy at www.sppa.gov.uk.

APPLICATION FOR AWARD OF DEPENDENTS ALLOWANCE

This form should be completed by the surviving parent or guardian of the child/children or child if over 16

SECTION 11 – DETAILS OF PARENT OR GUARDIAN

Surname

Forename(s)

Title

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

National Insurance number

Date of birth

 / /

Contact Address

Post Code

Telephone Number

Mobile Number

Email Address

SECTION 12 – DETAILS OF DEPENDANT CHILD

Child 1

Surname

Forenames (in full)

Date of Birth

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

National Insurance Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Contact Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Post Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Bank Details

Bank Details of:

Parent

☐

Guardian

☐

Dependant

☐

Name of account holder

Name of Bank/Building
Society

Branch

Branch Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Post Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Bank Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Building Society Roll
Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Bank Account type

Current Account

☐

Deposit Account

☐

SECTION 13 – DECLARATION (Should be signed by the dependant if aged over 16)

I declare that I am the **dependant/parent/guardian of the child* overleaf and apply for benefits under the NHS Superannuation Scheme (Scotland) Regulations. Any child's allowance paid to me shall be applied to the benefit of said child.

* I declare that the child named overleaf suffers from permanent ill health and is permanently incapable of earning a living.

* *Delete as appropriate*

I declare that the statements made by me on this form are true to the best of my knowledge and belief and confirm that any dependants allowance should be paid into the bank account overleaf.

Signed

Date

--	--	--	--	--	--	--	--	--	--

SECTION 12 – DETAILS OF DEPENDANT CHILD

Child 2

Surname

Forenames (in full)

Date of Birth

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

National Insurance Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Contact Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Post Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Bank Details

Bank Details of:

Parent

☐

Guardian

☐

Dependant

☐

Name of account holder

Name of Bank/Building
Society

Branch

Branch Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Post Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Bank Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Building Society Roll
Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Bank Account type

Current Account

☐

Deposit Account

☐

SECTION 13 – DECLARATION (Should be signed by the dependant if aged over 16)

I declare that I am the **dependant/parent/guardian of the child* overleaf and apply for benefits under the NHS Superannuation Scheme (Scotland) Regulations. Any child's allowance paid to me shall be applied to the benefit of said child.

* I declare that the child named overleaf suffers from permanent ill health and is permanently incapable of earning a living.

* *Delete as appropriate*

I declare that the statements made by me on this form are true to the best of my knowledge and belief and confirm that any dependants allowance should be paid into the bank account overleaf.

Signed

Date

--	--	--	--	--	--	--	--	--	--

SECTION 12 – DETAILS OF DEPENDANT CHILD

Child 3

Surname

Forenames (in full)

Date of Birth

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

National Insurance Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Contact Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Post Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Bank Details

Bank Details of:

Parent

☐

Guardian

☐

Dependant

☐

Name of account holder

Name of Bank/Building
Society

Branch

Branch Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Post Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Bank Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Building Society Roll
Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Bank Account type

Current Account

☐

Deposit Account

☐

SECTION 13 – DECLARATION (Should be signed by the dependant if aged over 16)

I declare that I am the **dependant/parent/guardian of the child* overleaf and apply for benefits under the NHS Superannuation Scheme (Scotland) Regulations. Any child's allowance paid to me shall be applied to the benefit of said child.

* I declare that the child named overleaf suffers from permanent ill health and is permanently incapable of earning a living.

* *Delete as appropriate*

I declare that the statements made by me on this form are true to the best of my knowledge and belief and confirm that any dependants allowance should be paid into the bank account overleaf.

Signed

Date

--	--	--	--	--	--	--	--	--	--

SECTION 12 – DETAILS OF DEPENDANT CHILD

Child 4

Surname

Forenames (in full)

Date of Birth

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

National Insurance Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Contact Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Post Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Bank Details

Bank Details of:

Parent

☐

Guardian

☐

Dependant

☐

Name of account holder

Name of Bank/Building
Society

Branch

Branch Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Post Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Bank Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Building Society Roll
Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Bank Account type

Current Account

☐

Deposit Account

☐

SECTION 13 – DECLARATION (Should be signed by the dependant if aged over 16)

I declare that I am the **dependant/parent/guardian of the child* overleaf and apply for benefits under the NHS Superannuation Scheme (Scotland) Regulations. Any child's allowance paid to me shall be applied to the benefit of said child.

* I declare that the child named overleaf suffers from permanent ill health and is permanently incapable of earning a living.

* *Delete as appropriate*

I declare that the statements made by me on this form are true to the best of my knowledge and belief and confirm that any dependants allowance should be paid into the bank account overleaf.

Signed

Date

--	--	--	--	--	--	--	--	--	--

Please include any further dependents details on a separate sheet and attach to this application

Please forward photocopies of all child/children's Birth Certificate(s) with this application

SECTION 14 – SALARY DETAILS GUIDANCE

Section 14 should be completed by the employer, any amendments arising after the submission of this form should be notified to SPPA immediately.

1995 Members

For 1995 members, complete **section 14A** for whole time or **Section 14B** for part time.

2008 Members

For 2008 members, complete **section 14C** for whole time or **Section 14D** for part time.

2015 Members

If the member is in the 2015 Scheme only, complete **section 14C** for whole time or **Section 14D** for part time.

If the member also has protected 1995 service, complete **section 14A** for whole time or **Section 14B** for part time.

On completion of this form please forward together with a photocopies of all supporting documents to: Scottish Public Pensions Agency, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE

SECTION 14 A – 1995 SECTION AND 2015 SCHEME MEMBERS – WHOLE TIME OFFICER ONLY

Inclusive date to which earnings will be paid / /

(Please include any period of untaken annual leave)

Annual rate of salary at date of retiral £

WHOLE TIME OFFICER

Particulars of service and pensionable pay for the last 3 years (including Domiciliary Consultation fees paid)

Period to which pensionable pay relates (365 days) with dates if rates change		No of days contributing		Pay (pensionable pay) (i.e. that on which employer's contributions are based)		Dates of unpaid leave during the annual period in column (1)
		Cont'	Non cont'	Pay exclude other superannuable payments (OSPs)	OSPs	
(1)		(2)	(3)	(4)	(5)	(6)
Final year						
2 nd year						
3 rd year						

Total annual pensionable pay (4) + (5)	Final year	2 nd year	3 rd year

Are pay and OSPs provisional or final?

P

☐

F

☐

Please complete the declaration at Section 14F

SECTION 14B – 1995 SECTION AND 2015 SCHEME MEMBERS – PART-TIME OFFICER & BANK WORKERS ONLY

Inclusive date to which earnings will be paid / /
(Please include any period of untaken annual leave)

Part-time officer – part time fraction for contracted hours i.e. 20/37.5

Annual whole time equivalent rate of salary at date of retiral

£

PART-TIME OFFICER & BANK WORKERS

Particulars of service and pensionable pay for the last 3 years (including Domiciliary Consultation fees paid)

Period to which pensionable pay relates (365 days) with dates if rates change		No of days contributing		Basic part-time pensionable pay (i.e. that on which employer's contributions are based)			No of hours (estimate/ actual hours) worked during period in col (1)	Standard whole time hours for period on col (1)	Annual whole time equivalent pensionable pay for col (4) with dates of change similar to col (1)
		Cont'	Non cont'	Actual pay (exclude OSPs)	OSPs to be uprated by SPPA	OSPs not to be uprated by SPPA			
(1)		(2)	(3)	(4)	(5a)	(5b)	(6)	(7)	(8)
Final year									
2 nd year									
3 rd year									

	Final year	2 nd year	3 rd year
Total annual pensionable pay (4) + (5)			
Domiciliary Consultation fees			

Are pay and OSPs provisional or final? P ☐ F ☐

Please complete the declaration at Section 14F

SECTION 14C – 2008 SECTION AND 2015 SCHEME MEMBERS – WHOLE TIME OFFICER ONLY

Inclusive date to which earnings will be paid / /

(Please include any period of untaken annual leave)

Earning details for the whole year prior to the final part year (required for all whole time staff)									
Day		Month		Year		Total superannuable pay	Actual number of days worked	Non con days	Dates of unpaid leave
3	1	0	3						

Earning details for the final part year from 1 April to the inclusive date to which earnings will be paid (please include any period of untaken annual leave)									
Day		Month		Year		Total superannuable pay	Actual number of days worked	Non con days	Dates of unpaid leave
0	1	0	4						

Total pensionable pay for final part year

Annual rate of salary at date of retiral

£

£

Are pay and OSPs provisional or final?	P	<input type="checkbox"/>	F	<input type="checkbox"/>
--	---	--------------------------	---	--------------------------

Please complete the declaration at Section 14F

SECTION 14D – 2008 SECTION AND 2015 SCHEME MEMBERS – PART TIME OFFICER & BANK WORKERS ONLY

Inclusive date to which earnings will be paid / /
(Please include any period of untaken annual leave)

Earning details for the whole year prior to the final part year (required for all whole time staff)									
Day		Month		Year		Total superannuable pay	Actual number of days worked	Non con days	Dates of unpaid leave
3	1	0	3						

Earning details for the final part year from 1 April to the inclusive date to which earnings will be paid (please include any period of untaken annual leave)									
Part-time fraction for contracted hours i.e. 20/37.5								/	
Day		Month		Year		Total superannuable pay (inc OSP Payments)	Non con days	Dates of unpaid leave	Annual whole time equivalent pensionable pay
0	1	0	4						

Total pensionable pay for final part year £

Domiciliary Consultation fees paid to an officer over the last 365 days £

Are pay and OSPs provisional or final? P ☐ F ☐

Please complete the declaration at Section 14F

SECTION 14E – PRACTITIONER MEMBERS ONLY – PLEASE COMPLETE FOR ALL SECTIONS/SCHEMES

Period to which entry relates		Total pensionable earnings for period	Notes
Annual return			
Annual return			
Annual return			

Inclusive date to which earnings will be paid / /

SECTION 14F – EMPLOYER DECLARATION

To the best of my knowledge all information given in this form is correct and signed and dated by the member

Signature

Name

(in BLOCK LETTERS please)

Official Designation

Employing authority

Address

Post Code

Telephone No

Email address

Date

 / /

PERSONAL CHECKLIST

You should complete and keep this part of the form for future reference

Application for award of pension Superannuation No

1. Date the application was sent to SPPA / /

2. Documents enclosed (you may wish to tick the documents you have sent as a reminder)
Only photocopies of supporting documents should be sent.

Marriage/civil partnership certificate ☐ Applicants birth certificate ☐

Spouse/partners full death certificate ☐ Divorce decree or dissolution or nullity of civil partnership certificate ☐

Previous partners full death certificate ☐ Documents proving financial interdependence ☐

3. Under the NHS Scheme regulations, benefits may be payable to a surviving partner upon their death. The member must have accrued service post 1 April 2008. The benefits will be paid to the surviving partner, provided that at the date of death the member and partner were:

- Living together in an exclusive committed long-term relationship of at least two years
- Free to marry or enter a civil partnership during the above period
- Financially interdependent

To ensure that the SPPA are satisfied that the above criteria continued to be met at the time of the members death, the surviving partner will be asked to provide supporting evidence.

Examples of supporting evidence include:

- Confirmation that you lived in a shared household
- Confirmation of shared household spending
- Children of the member and/or partner are being jointly brought up
- Shared bank accounts or investments
- A loan or mortgage in joint names
- Wills, naming each other as the main beneficiary
- A mutual power of attorney
- The partner being nominated as the main beneficiary of life insurance
- The death of the member leading to substantive living costs for the partner

If the member did not have service post 1 April 2008, the surviving partner may still be entitled to benefits. Please contact the SPPA for further information prior to completing the application

4. You will be advised of the amount of death benefit(s) by the SPPA. If you change your address before then please let the SPPA know at once. The address is: 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE, or you can telephone 01896 893000 quoting the deceased member's superannuation (SB) number.

5. SPPA Payroll will be responsible for the payment of your pension

NOTES FOR GUIDANCE

- The applicant should complete parts 1 to 10 of this form and attach a photocopy of the full death certificate and marriage/civil partnership certificate where applicable (photocopies only). Application may be made by the widow/widower/ civil partner/surviving partner, formal nominee or on behalf of the deceased's legal personal representative where there is no legal widow/widower.
- Any death lump sum granted under the NHS Schemes (Scotland) regulations which is payable to the legal representative of the deceased should be included in the confirmation of estate.
- Payment of a lump sum on death must be made within 2 years of death or it will become liable for payment of tax.
- Please return this form together with the death certificate and marriage/civil partnership certificate (photocopies only), where applicable to the deceased's employing authority for completion. They will forward the form and certificate(s) to the Scottish Public Pensions Agency.
- **Do not send this form directly to the Scottish Public Pensions Agency**