

# NHS Superannuation Scheme (Scotland) Application for lump sum on death and widow(er)'s/partners pension Death with deferred benefit/death in receipt of pension

#### Important: Changes to our application process

The SPPA is focused on making our processes as simple as possible for our members, their representatives and employers. Given the challenges presented by the Covid-19 pandemic, we are asking applicants to email all application forms and supporting documents to the SPPA rather than post physical copies.

The following changes to the application process have been made to ensure that applicants can continue to access pension benefits as quickly as possible:

#### A PDF form you can fill in electronically

This form has been changed into a PDF form that you can update and fill in. This means that you do not need to print out this document. Just fill it in electronically and return it to us by email. Please send it to <a href="mailto:sppacontactus@gov.scot">sppacontactus@gov.scot</a>

#### **Signatures**

We have amended our signature process to make it easier to assist those of you who don't have access to a printer or scanner. We are now temporarily accepting forms with digital signatures. Please type your name into the relevant signature box for the form to be accepted.

By doing this, you must provide consent in your email for the SPPA to process your application.

#### **Supporting Documents**

Supporting documentation should still be scanned and emailed, where possible. We appreciate that there will be cases where a scanned document cannot be provided, so we are now accepting electronic photographs of documents (providing that they are clear and complete images of the entire document).

If you cannot send us any supporting documents, in some cases we may be able to make a partial payment of benefits provisionally before the supporting certificates have been received. We will still require copies of these certificates to be sent and verified before a full award of benefits can be made. If you do not supply the supporting documents then the provisional payments will stop and any benefits that have been paid will be recovered.

#### Where to get further help

If you need help with your application please contact our Customer Engagement team on 01896 893000 for advice, or email <a href="mailto:SPPAcontactus@gov.scot">SPPAcontactus@gov.scot</a>.







| Section 1 - deceased mem      | ber's personal details  |
|-------------------------------|-------------------------|
| Scheme reference number       |                         |
| Surname                       |                         |
| Forename(s)                   |                         |
| Title                         | Dr Mr Mrs Miss Ms Other |
| National Insurance number     |                         |
| Date of birth (DD/MM/YYYY)    |                         |
| Date of death<br>(DD/MM/YYYY) |                         |
|                               |                         |
| Section 2 - applicants deta   | nils                    |
| 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                  |                    |                                 |   |  |
| Name of Bank/Building                   |                    |                                 |   |  |
| Society                                 |                    |                                 |   |  |
| Branch                                  |                    |                                 |   |  |
| Branch address                          |                    |                                 |   |  |
|   |                    |                                 |   |  |
|   | Post cod           | de                              |   |  |
| Bank sort code                          |                    |                                 |   |  |
| Account number                          |                    |                                 |   |  |
| Building Society roll                   |                    |                                 |   |  |
| number                                  |                    |                                 |   |  |
| Bank account type                       | Current account    | Deposit account                 |   |  |
|   |                    |                                 |   |  |
| Section 4 – please state in             | which capacity you | are completing this application |   |  |
| Spouse                                  | Р                  | roceed to section 8             |   |  |
| Civil partner                           | Р                  | roceed to section 8             |   |  |
| Date of marriage/civil registration / / |                    |                                 |   |  |
| Surviving partner                       |                    |                                 |   |  |
| Nominee                                 |                    |                                 |   |  |
| Legal personal representative           | ⁄e                 |                                 |   |  |
|   |                    |                                 |   |  |

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   |             |                |
|--|-------------|----------------|
| 1. Were you living together at the time of your Yes partners death?  |             | No             |
| 2. How long you and your partner lived together? Years (see personal checklist part 3)   |             | Months         |
| 3. If not, please explain why you were living apart:   |             |                |
|  |             |                |
|  |             |                |
|  |             |                |
| If not at the same address, where were you living at the time o  | of your par | tners death?   |
|  |             |                |
|  |             |                |
|  |             |                |
|  |             |                |
|  |             |                |
| Did you spend any long periods (over six months) apart (other  |             | example, stays |
| Did you spend any long periods (over six months) apart (other<br>in hospital)? If yes, please give details of the circumstances ar   |             | example, stays |
|  |             | example, stays |
| n hospital)? If yes, please give details of the circumstances ar   | nd dates    |                |
| The hospital)? If yes, please give details of the circumstances are the hospital)? Have you or your partner ever been married previously?  | nd dates    |                |
| n hospital)? If yes, please give details of the circumstances ar   | nd dates    |                |
| Have you or your partner ever been married previously?  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 | nd dates    |                |
| Have you or your partner ever been married previously?  If Yes, please provide copies of all relevant decree absolute(s), or previous partners death certificate(s).   | Yes         | No             |







### 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?  |     |    | es | No |  |  |
|  |     |    |    |    |  |  |
| Was your partner the beneficiary of your will?   |     |    | es | No |  |  |
| Were you the beneficiary of your partners life assurance, or was your partner the beneficiary of your life assurance?  |     |    | es | 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   |     |    | es | 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 document 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 stated 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 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 included with application (if you are posting, please do not send the original copy). 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 - dependent children

Did the deceased member have any dependent children?

Yes

No

If the answer is 'Yes', form AW9 – Application for Award of Child Allowance should also be completed

Information on qualification for entitlement as a dependent child can be found in Annex A at the back of this application form







| Section 10 – dec  | laration   |
|---|--|
|   | statements made by me on this form are true to the best of my elief. I have included the relevant certificates (where applicable)  |
| Signed  |  |
| Date  |  |
| Section 11 – with   | ness declaration   |
| Section 11 – with   | iess deciaration   |
| This must not be  | completed by a spouse, civil partner or nominee.   |
| <ul> <li>I declare th</li> </ul>  | nat I am the person named below.   |
| <ul><li>I certify that<br/>the application</li><li>I understar</li></ul>  |  |
| <ul><li>I certify that the applica</li><li>I understar criminal/civ</li></ul>   | hat I am the person named below. It the above declaration was signed and dated in my presence by nt, whom I believe to be the person named. Indicate that if I provide false or misleading information, I may be liable to ril proceedings.  |
| <ul> <li>I certify the the applica</li> <li>I understar criminal/civ</li> <li>Witness full name</li> </ul>  | hat I am the person named below. It the above declaration was signed and dated in my presence by nt, whom I believe to be the person named. Indicate that if I provide false or misleading information, I may be liable to ril proceedings.  |
| <ul> <li>I certify that the application</li> <li>I understant criminal/civ</li> <li>Witness full name</li> </ul>                                  | hat I am the person named below. It the above declaration was signed and dated in my presence by nt, whom I believe to be the person named. Indicate that if I provide false or misleading information, I may be liable to ril proceedings.  |
| <ul> <li>I certify that the application</li> <li>I understand criminal/civity</li> <li>Witness full name</li> <li>Signed</li> <li>Date</li> </ul> | nat I am the person named below. It the above declaration was signed and dated in my presence by int, whom I believe to be the person named. Indicate the person named in the person named in the person named in the person named. Indicate the person named in the perso |
| <ul><li>I certify that the application</li><li>I understar</li></ul>  | nat I am the person named below. It the above declaration was signed and dated in my presence by int, whom I believe to be the person named. Indicate the person named in the person named in the person named in the person named. Indicate the person named in the perso |
| <ul> <li>I certify that the application</li> <li>I understart criminal/civ</li> <li>Witness full name</li> <li>Signed</li> <li>Date</li> </ul>    | at I am the person named below. It the above declaration was signed and dated in my presence by nt, whom I believe to be the person named. Indicate the person named in the person named in the person named. Indicate the person named in the person  |

Please send this completed form with all supporting documents to <a href="mailto:sppacontactus@gov.scot">sppacontactus@gov.scot</a> or by post to, Scottish Public Pensions Agency, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE

#### **SPPA Privacy Policy**

The Scottish Public Pensions Agency (SPPA) is an executive Agency of the Scottish Government. On the behalf of the Scottish Ministers, we undertake our role as a pension scheme administrator in accordance to the **Pensions Act 1995**, **The Public Services Pension Act 2013 and The Occupational and Personal Pension Schemes (Disclosure of Information) Regulations 2013**.

This privacy statement relates to the personal information we collect, why we collect it and what we do with it. Full information on our Privacy Policy can be found on the SPPA website at www.pensions.gov.scot







#### Annex A - dependents: notes for guidance

A child's allowance is payable to any **dependent** child of a deceased member who at the date of death was in receipt of a pension or was entitled to benefits under the <a href="NHS Superannuation">NHS Superannuation</a> Scheme (Scotland) Regulations.

#### A child must have been:

- Dependent on the member at the date of death
- Born before or not more than one year after the member left pensionable employment or died
- Dependent when the member left pensionable employment (if the member died after leaving pensionable employment).

#### When pensionable service ended before 1 April 2008

A child is dependent if they are:

Under age 17 or over age 17 but has not reached the age of 23 and in full time education; or is in full time training for a trade, profession or vocation, for which they are not receiving remuneration in excess of the allowable maximum.

A child is dependent if over age 17 but has not reached the age of 23 and taking a break in full time education, or full time training for a trade, profession or vocation, where the Scottish Ministers' are satisfied that the child intends to return to some such education or training. The allowance will cease to be payable after 12 months if the child has not returned to full time education or training, but may be reinstated if the child later returns to such education or training if Scottish Ministers' are satisfied that the child intended to do so at the start of the break.

A child who has ceased to be a dependent child will be treated as a dependent child if they return to full time education or training for a trade, profession or vocation, for which they are not receiving remuneration in excess of the allowable maximum before reaching age 21 and within 12 months after ceasing to be a dependent child.

#### When pensionable service ended on or after 1 April 2008

A child is dependent if they are

Under 23 years of age.

Over 23 years of age and incapable of earning a living because of permanent physical or mental disability from that they were suffering at the time the member died.

**Note:** No allowance shall be payable to, or for the benefit of, a child who is unable to earn money because of permanent physical or mental disability for any period exceeding one month during which the child is maintained out of money provided by Parliament in a hospital or other institution.







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

| Арр | lication for award of pension  | Superannuation | n number             |                                |       |                          | _ |
|-----|--|----------------|----------------------|--------------------------------|-------|--------------------------|---|
| 1.  | Date the application was sent to SPP (DD/MM/YYYY)                        | Α              | 1                    |                                | 1     |                          |   |
| 2.  | Documents enclosed (you may wish to Only photocopies scans or clear, for |                | •                    |                                |       | reminder)                |   |
|     | Marriage/civil partnership certificate                                   |                | Applicant            | s birth certif                 | icate | e                        |   |
|     | Spouse/partners full death certificate                                   |                |                      | lecree or dis<br>ership certif |       | ution or nullity of<br>e |   |
|     | Previous partners full death certificate                                 | <b>;</b>       | Documer<br>interdepe | its proving fi<br>ndence       | inan  | cial                     |   |
|     |  |                |                      |                                |       |                          |   |

- 3. Under the NHS Scheme regulations, benefits may be payable to a surviving partner upon their death. The member must have accrued service after 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, 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 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 after 1 April 2008, the surviving partner may still be entitled to benefits. Please contact us for further information prior to completing the application

- 4. Please let us know if you change your address. You can do this by email at sppacontactus@gov.scot Alternatively, you can do this by post by writing to: Scottish Public Pensions Agency, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE
- 5. SPPA Payroll will be responsible for the payment of your pension







