

# NHS Superannuation Scheme (Scotland) 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

## 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 form you can fill in electronically

This form has been changed into a 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 sppacontactus@gov.scot

## **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 SPPAcontactus@gov.scot.







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 (DD/MM/YYYY)	
Section 2 – details of pare	nt 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	







Child 1				
Surname		Forenames (in full)		
Date of birth		National Insurance number		
/				
Contact address				
		Post code		
Bank Details				
	Danaut	Overedia e	Danandant	
Bank Details of:	Parent	Guardian	Dependant	
Name of account holder				
Name of Bank/Building				
Society				
Branch				
Branch address				
		Post code		
Bank Sort code				
Account number				
Building Society Roll				
- <u> </u>				







Section 4 – 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.
Please tick:
I am the dependant
I am the parent
I am the Guardian of the child
I declare that the child named overleaf suffers from permanent ill health and is permanently incapable of earning a living.
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 / _ /







		_ "		
Surname		Forenames (in full)  National Insurance Number		
Date of birth				
		National insuran	Ce Number	
Contact address				
		Post code		
Bank Details				
Bank Details of:	Parent	Guardian	Dependant	
Name of account holder				
Name of Bank/Building Society				
Branch				
Branch address				
		Post code		
Bank Sort Code				
Account number				
Building Society Roll				







Section 4 – 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.
Please tick:
I am the dependant
I am the parent
I am the Guardian of the child
I declare that the child named overleaf suffers from permanent ill health and is permanently incapable of earning a living.
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 / /







		_		
Surname		Forenames (in full)  National Insurance Number		
Date of birth				
			ce number	
Contact address				
		Post code		
		rosi code		
Bank Details				
Bank Details of:	Parent	Guardian	Dependant	
Name of account holder				
Name of Bank/Building Society				
Branch				
Branch address				
		Post code		
Bank Sort Code				
Account number				
Building Society Roll				







Section 4 – 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.
Please tick:
I am the dependant
I am the parent
I am the Guardian of the child
I declare that the child named overleaf suffers from permanent ill health and is permanently incapable of earning a living.
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 / _ / _







		_		
Surname		Forenames (in full)		
Date of birth		National Insurance Number		
		National insular	ice ivanibei	
Contact address				
		Post code		
Bank Details				
Bank Details of:	Parent	Guardian	Dependant	
Name of account holder				
Name of Bank/Building Society				
Branch				
Branch address				
		Post code		
Bank Sort Code				
Account number				
Building Society Roll				







I declare that I am t benefits under the I allowance paid to m	NHS Superan	nuation Sch	eme (Scotland	d) Regulations.	
Please tick:					
I am the dependant					
I am the parent					
I am the Guardian o	of the child				
I declare that the choverleaf suffers from ill health and is permincapable of earning	n permanent nanently				
I declare that the sta knowledge and beli bank account overle	ef and confirr	•			•
Signed					
Date		,			

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

On completion of this form please forward together with all photocopies of the members Death Certificate and the child/children's Birth Certificate(s) to <a href="mailto:sppacentactus@gov.scot">sppacentactus@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 <a href="https://www.pensions.gov.scot">www.pensions.gov.scot</a>







# Notes for guidance

A child's allowance is payable to any DEPENDANT child of a deceased member who at the date of death was in receipt of a pension or was entitled to benefits under the NHS Superannuation Scheme (Scotland) Regulations.

A child must have been dependent on the member at the date of death, and born before or not more than one year after the member left pensionable employment or died, and if the member dies after leaving pensionable employment was dependent when the member left pensionable employment.

# Members whose pensionable service ended before 1 April 2008

A child is dependent if 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 dependant 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.

A child who is incapable of earning a living because of permanent physical or mental infirmity from which he was suffering at the time the member died will be treated as a dependant child for so long as he remains incapable of earning a living.

#### Members whose pensionable service ended on or after 1 April 2008

A child is a dependant child for so long as they

- (a) are under age 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.



